

District Residency Program: From Conceptualization to Implementation!

CHANDER GROVER

Managing Editor, UCMS Journal of Medical Sciences

ORCID iD: 0000-0001-6022-5146

cgrover@ucms.ac.in

National Medical Commission (NMC), the apex policy making body in the field of Medical Education in India, is tasked with the regulation of undergraduate and post-graduate (PG) medical education. This it does, keeping in mind the health infrastructure and health requirements of India at large, which by themselves are widely variable across the country. As an amendment to the Post-Graduate Medical Education Regulations-2020 (PGMER), the NMC notified the very novel District Residency Program (DRP) as Sub-clause 13(11), in the Gazette of India dated 16th September, 2020.¹ DRP envisaged a compulsory three month posting in a “district hospital” (100 bedded or more) for PG residents of all specialties and all medical colleges (government or private) in India, as a mandatory requirement for appearing for final exams.¹

Due to exigencies imposed by the pandemic, DRP failed to take off initially. However, in December, 2022, the Post-Graduate Medical Education Board (PGMEB) notified mandatory implementation of DRP from PG Batch 2021 onwards.² In January 2023, the NMC issued further clarification regarding its implementation, addressing the issues faced while reiterating that DRP is to be strictly implemented from PG Batch 2021 onwards³. It emphasized the provision for inclusion of the “District Health System” (inclusive of Community Health Centers and community outreach programs).^{1,3} NMC placed the responsibility for providing “appropriate amenities” to district residents on the State government, emphasizing that they will work and train under the guidance of “District Specialists”.^{1,3} Resident doctors had to be provided accommodation within the campus of the district hospital or within 2-3 km radius, so that they could be available on call, as per NMC guidelines.⁴

However, like many recent decisions by NMC, this one also created a major disruption due to many issues.⁵ The enforcement of the program was not well timed.⁶ It was

made mandatory when the medical college were already short of one batch of PGs. Residents form the backbone of the working force of any medical college hospital, especially those serving large communities. Due to the pandemic induced delay in the conduct of NEET-PG (National Eligibility cum Entrance Test for Post Graduates), declaration of its results, counselling and subsequent admissions, there was a crucial period from March-April 2023 (the peri-exam period for PG batch 2020) to September, 2023 (joining of PG batch 2023) during which medical colleges were left short of one batch of residents. This amounts to one-third of the resident strength in all departments. Implementation of DRP during this period created further shortages, causing a lot of stress and heartburn. Though the NMC gazette notification provided a provision for increasing PG seats to counter any shortage of residents induced by DRP, this was not done prior to implementing the program. In a better thought-out implementation, the working strength could have been increased before withdrawing residents for district postings.

As per the NMC, the residents have to be posted during their 3rd to 5th semester; however, for PG Batch 2021 (joining in February, 2022), this period worked out to be February 2023- July 2024. This put an immediate pressure on colleges to start posting residents in the districts at the earliest. In many states, this program took off much later, due to delays in allotment of district hospitals.⁷ For example, in Delhi, DRP program finally took off in September 2023 after allotment of District Hospitals by the Government of NCT of Delhi. This put a lot of pressure on PG's and their Supervisors as this batch's thesis submission was approaching (February, 2024). Successful completion of theses is also a mandatory requirement for appearing for PG exams. However, it requires a close coordination with the parent department, which was

difficult to ensure when residents were posted in another hospital. Thus, the PG batch 2021, already coping with late joining, and less manpower, was further burdened by an uncertain take-off into the future where they feared for their theses, their training, and their exams. This was an equally tough call for medical college administration. At UCMS, we tried to navigate this period by initiating the DRP posting of PG batch 2022, so that their seniors could complete their PG theses.

Another sore-point has been the lack of adequate backup from many State Governments.⁸ While the state government health infrastructure got a much-needed shot in the arm, with a huge workforce being placed at their disposal. The residents felt that adequate facilities were not extended to them. The stipend for these three months was to be paid by the medical colleges (including private medical colleges), while the residents were supposed to work for the state government to strengthen their district health infrastructure. There was failure to provide reasonable accommodation, infrastructure, or transport to the residents. It was difficult even to get posting in the same district, which should have been a logical given fact, as envisaged in the program. The designated State/UT DRP Nodal officer was to be responsible for developing a placement schedule of residents at least 6 months in advance, along with being responsible for grievance redressal.¹ However, many issues still remain unclear and unsorted.

The Board of Governors in Supersession of Medical Council of India was originally given the task of developing a transparent electronic platform to facilitate and ensure rule-based placement of PG residents to various institutions.¹ They were also to develop log book, feedback form, learning resources etc., and maintain a dashboard to continuously monitor quality¹. However, these are yet to materialise. Institutions or state governments are developing these resources and struggling to maintain quality and extract maximum learning from the programme. Till the National Steering Committee and National Coordination Cell, as envisaged in the gazette notification, become fully functional, the program is being fostered at the level of some state governments, but mostly at institutional level.

While DRP is meant for residents to get trained under the guidance of district specialists; there are many instances where district residents are having to manage the out-patient departments and even medico legal cases on their own.⁸ It should be kept in mind while implementing the program, that district residents are trainees in various specialties, and not independent consultants. While the altruistic purpose is being served, the resident's interests

should not be compromised. There is also lack of clarity regarding the services required from pre- and para-clinical residents. In many states, the PGs were known to be working as general duty medical officers. In this process, they were losing three months of their valuable training time in an already limited 36 months of training in their chosen specialty. NMC will have to intervene to sort out these issues sooner or later.

Nationwide we are nearing the completion of the first six months of DRP. The program seems to be there to stay. It is the responsibility of the NMC, the State Government Health departments, the Medical colleges, and the residents to extract the best from this innovative program. Though it has been envisaged in an ambitious way, a lack of feedback collection and course correction, may make it another failed scheme, if timely interventions are not sought. While India looks for a way to resolve its chronic shortage of specialised doctors, it should not let specialist training be compromised. DRP is capable of creating a good balance between individual and societal interests; however, it should be taken seriously and streamlined with close monitoring, proper regulations and quality control.

REFERENCES

1. Gazette of India: Extraordinary. Part III-Section 4. Board of Governors in Suppression of Medical Council of India Notification No. 367. 2020. Accessed November 10, 2023. <https://www.nmc.org.in/ActivitiWebClient/open/getDocument?path=/Documents/Public/Portal/Gazette/PGME-18.09.2020.pdf>.
2. Implementation of District Residency program. Accessed November 10, 2023. <https://www.nmc.org.in/MCIRest/open/getDocument?path=/Documents/Public/Portal/LatestNews/20221222070515.pdf>
3. Clarification on implementation of District Residency program. Accessed November 10, 2023. <https://www.nmc.org.in/MCIRest/open/getDocument?path=/Documents/Public/Portal/LatestNews/20230119063814.pdf>
4. NMC makes District Residency Programme mandatory for MD, MS students. Published on 23rd December, 2022. Last accessed 10th November, 2023. <https://indianexpress.com/article/education/doctors-pursuing-md-ms-gets-mandatory-participation-for-district-residency-programme-8339928/>
5. Dharmshaktu GS. District Residency Programme in India. *J Surg Specialties Rural Practice*. 2023;4:1-2. doi: 10.4103/jssrp.jssrp_15_22
6. Sachdeva S. 'Less learning, more work': PG medical students are struggling with NMC's district residency programme. Published July 7, 2023. Accessed November 10, 2023. <https://news.careers360.com/pg-medicine-college-resident-doctor-nmc-national-medical-commission-district-residency-osmania-nair-hospital>.
7. Abraham R. District residency programme for medical students remains a non-starter in Chandigarh. Published Jul 24, 2023. Accessed November 10, 2023. <https://www>.

hindustantimes.com/cities/chandigarh-news/delayed-implementation-of-district-residency-programme-for-medical-pg-students-in-chandigarh-causes-concern-101690156398824.html

8. Singh SK. PG medicos short-changed during District Residency Programme. Published April 7, 2023. Accessed November 10, 2023. *https://www.thehindu.com/news/cities/Hyderabad/pg-medicos-short-changed-during-district-residency-programme/article66707559.ece*
