



District Residency Programme: a SWOC analysis

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Abstract

The District Residency Programme (DRP), mandated by the National Medical Commission (NMC) in 2020, aims to bridge gaps in medical education and healthcare delivery, especially in rural areas. This initiative requires MD/MS students to undergo a three-month residential rotation in District Hospitals or District Health Systems, exposing them to diverse healthcare settings and involving them in National Health programs. The program seeks to tailor learning to community-specific needs, enhancing skills and fostering empathy in patient care. Despite its strengths in enhancing patient exposure, addressing healthcare shortages, and promoting cultural exchange among doctors, the DRP faces challenges such as inadequate orientation and resource constraints. Opportunities include more focused clinical learning and active participation in community health initiatives and research. Moving forward, improving orientation, bolstering resources and supervision, integrating with parent medical colleges, and ensuring ethical practices are crucial. Extending standardized logbooks to other departments could further enhance training consistency. Periodic reviews and stakeholder engagement are vital for optimizing the DRP's impact on medical education and healthcare delivery in rural India.

Keywords: *district residency programme, medical education, rural healthcare, SWOC analysis, national medical commission, community health*

Introduction

The National Medical Council (NMC) first announced the District Residency Programme (DRP) in 2020 [1]. The DRP was introduced to address gaps in medical education and healthcare delivery, particularly in rural areas. It was mandated for the post-graduate (PG) batch of 2021, with a notice issued by the NMC in December 2022 [2]. DRP is mandatory and must be completed before their postgraduate exam [3]. During this period, the residents will be referred to as "District Residents" [2,3]. It requires all MD/MS students in broad specialties across medical colleges under the NMC's purview to undergo a three-month residential rotation in District Hospitals/District Health Systems. The program's objectives are to expose students to diverse healthcare settings, involve them in National Health programs, and cultivate learning that is deeply rooted in and tailored to the community's specific needs [2,4].



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Evidence in Context

- The District Residency Programme (DRP) aims to bridge gaps in rural medical education and healthcare.
- MD/MS students undergo a three-month rotation in district hospitals or health systems.
- Enhances patient exposure, addresses healthcare shortages, and promotes empathy in patient care.
- Opportunities for focused clinical learning and community health initiatives.
- Challenges include inadequate orientation, resource constraints, and potential ethical issues.

To view Article



Program Overview

The DRP mandates that MD/MS students complete a three-month rotation in District Hospitals or District Health Systems during their 3rd, 4th, or 5th semester [1]. District Hospitals, which are government-funded facilities with at least 50 beds and designated specialities, along with District Health Systems that include government hospitals, health centers, and community outreach services, serve as training grounds. They will serve in outpatient, inpatient, and night shifts. Non-patient care residents receive training in diagnostics, pharmacy, forensic services, and public health, potentially including research placements. District Residents will receive full stipends from their medical colleges, based on attendance records submitted by district authorities, and are entitled to rotating weekly holidays and leave benefits as per parent college/ university guidelines. District Residents' training quality will be monitored through log books, supervision, and continuous assessment [1]. They will have to stay connected with parent medical colleges for guidance and academic participation. District hospitals are usually in better shape and better staffed than primary care centres, allowing residents to observe, examine, and treat patients while learning about locally prevalent conditions ("learning while serving") [5].

The Indian Association of Preventive and Social Medicine (IAPSM) has introduced a comprehensive logbook to standardize the training of Community Medicine postgraduates across India, ensuring uniform exposure to various health dimensions. This logbook includes specific learning objectives, online resource links, and prompts for critical thinking, reflecting a thorough approach to the DRP . This initiative aims to elevate the quality and uniformity of training for future public health specialists. The association encourages all Community Medicine departments in medical colleges nationwide to adopt this guideline, enhancing the DRP's effectiveness and consistency [6]. The 3-month rotation in district hospitals during postgraduate medical education, viewed as less crucial compared to other fields, is debated for potentially taking away valuable learning time. However, this change aims to enhance skill learning and align with modern competency-based education, seen as timely and necessary for updating medical training [7]. Also, the additional workforce from DRP should be effectively utilized for promotive, preventive, curative, and rehabilitative healthcare services, thereby enhancing progress towards SDGs [8]. Here, this editorial briefly analyzes the strengths, weaknesses, opportunities, and challenges of this significant initiative.

SWOC Analysis of DRP

Strengths

- Enhanced patient exposure for residents from private medical colleges.
- Training in diverse healthcare settings close to the community.
- Familiarization with the planning, implementation and monitoring of National Health programs.
- Addresses the human resource shortage at district hospitals, which serve as catchment areas for nearby villages, taluks, and rural areas.
- Sensitization towards an empathic and holistic attitude in patient care by addressing grassroots healthcare needs.
- Engagement in community outreach services and participate in Rapid Response Teams (RRT) for outbreak investigations.
- Working in resource-limited environments fosters innovative solutions to societal problems.
- Bridge the gap of specialist doctors in the country.
- Promoting cultural exchange and diversity among doctors.

Weaknesses

- Inadequate orientation of residents to their roles.
- Residents might end up replacing Medical Officers at District hospital instead of augmenting their work.

- Insufficient equipment and resources at District hospitals may not support optimal patient care.
- Manpower shortages at medical college levels, particularly where seats are limited.
- Perception of DRP as leisure postings, requiring strict supervision.

Opportunities

- District hospitals provide more quality reading time as compared to the medical college, where the patient load is more and the duty schedule leaves little time for study.
- Detailed clinical examination can be practiced which may be helpful in practical examinations.
- Opportunity for residents to raise patient awareness about various government schemes.
- Opportunity to participate actively in research activities contributing to collection of the local data.
- Involvement in initiatives like JAN-ANDOLAN (AC-SM) for community health outreach.

Challenges

- Residents might encounter challenges related to food, transportation, and lodging.
- Lack of doctors with postgraduate diplomas or degrees makes postgraduate learning challenging.
- Missing medical college rotations may lead to losing crucial rare case exposure.
- Lack of subject- oriented training for specialties like radiotherapy, oncology, etc.
- Risk of unethical practices

A Way Forward

- **Improved Orientation and Training:** Develop comprehensive induction programs and standardized training modules to ensure residents understand their roles and responsibilities.
- **Enhanced Resource Allocation and Infrastructure:** Invest in the infrastructure of district hospitals and allocate sufficient resources to prevent shortages and ensure optimal patient care.
- **Strengthened Supervision and Monitoring:** Implement strict supervision and robust monitoring systems, with regular checking, assessments, and feedback sessions.
- **Integration with Parent Medical Colleges:** Maintain consistent communication and facilitate academic integration with parent medical colleges, allowing residents to participate in online lectures and discussions.
- **Addressing Logistical Challenges:** Provide safe and comfortable accommodation, reliable transportation, and support systems for residents.
- **Focus on Ethical Practices:** Include ethical training in the orientation program and set up transparent reporting mechanisms for any unethical practices.
- **Promote Research and Data Collection:** Encourage residents to engage in research activities and provide necessary resources and support for conducting research.
- **Community Engagement and Awareness:** Involve residents in community health awareness campaigns and establish mechanisms to gather feedback from the community.
- **Periodic Reviews and Stakeholder Involvement:** Conduct periodic reviews of the DRP, involving all stakeholders to gather diverse perspectives and implement necessary improvements.

- **Interdepartmental Adoption of Standardized Logbooks:** Extend the initiative of comprehensive logbooks to other departments, guiding postgraduates about their roles and objectives during district postings to ensure a standardized and thorough training experience across various specialties.

Conclusion

The District Residency Programme presents significant opportunities for enhancing medical education and healthcare delivery in rural areas. Addressing the identified weaknesses and challenges through strategic planning and collaboration among stakeholders is essential. Implementing the suggested strategies will allow the DRP to fully realize its potential, benefiting both medical students and the healthcare system.

Supporting information

None

Ethical Considerations

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