

Report on
Expert group meeting
for
Rationalization of the 3-year PG Programme of
Family Medicine

at
CMC Vellore
on
3rd -4th September 2019

INTRODUCTION

Family Medicine specialty offer to provide primary and secondary health care services to the community. A medical speciality devoted to comprehensive health care; Family Medicine specialist preferably should be the first contact for the family. While Family physician can be a MBBS doctor with some formal training, a Family Medicine specialist is a postgraduate doctor who is specialised in family medicine. A well-trained family medicine practitioner with a specialist degree can bring some much-needed improvement in health delivery by offering integrated medical care at a lower cost than is happening today. Currently there are three types of PG courses available in India:

- **M.D. Family Medicine:** MCI (3-year full time) being offered in 3 medical colleges – Calicut Medical College (2 seats), CMC-Vellore (2 seats) and NRI Academy of Medical Sciences – Guntur (1 seat).
- **DNB Family Medicine,** NBE (3-year full time); 130 seats.
- **PG Diploma in Family Medicine (PGDFM):** CMC Vellore (2-year distance learning program).

There is multiplicity of the PG Courses which are running in our country viz. there is no common syllabus/ curriculum and there is urgent need to streamline/ rationalize the same according to the need of the programme and priorities of the public health system.

As per the national health policy 2017, Public health system has to provide affordable and accessible healthcare services to all. As public health system is facing acute shortage of specialist in Community health centres and a District level hospital options must be explore that would ensure utilization of the public health care facility. One of the options currently mooted is to strengthen the FM program in India.

Currently as per IPHS 2012, each CHC is having 5 positions of specialists (General Medicine, Surgery, Paediatrics, Obs & Gynae and Anaesthesia) which largely remain vacant to the tune of 70% in total (*RHS 2017*). As healthcare is service industry and need trained human resource, which is scarce, it has been envisaged to bridge the gap of the specialist and provide better clinical care through placing a Family Medicine specialist at each Community Health center.

In 2013 the first National Consultation on Family Medicine and Primary Care was organized. The consultation made recommendations for Central/State governments, MCI, NCI, NBE and Universities under whom this program may get accredited. Subsequent to the consultation, Union Health Secretary had written to all State Secretaries to start MD Family Medicine and DNB Family Medicine courses in all Medical Colleges with approval of MCI. A communication from MOHFW was also sent to all EAG States for informing them of the support available from NRHM for in-service doctors to undergo the 2-year PGDFM offered by CMC, Vellore.

In the last meeting on issues related to Family medicine, held on 28th May 2019 under the chairmanship of AS & MD, MoHFW, Nirman Bhawan, New Delhi, NHSRC was directed to engage with NBE for revision of curriculum of DNB Family Medicine in order to include priorities and programmes under NHM so that it become more comprehensive and enables it to meet the requirement of the programmes. Further, AS&MD directed to take further actions on the following:

- Recommendation in IPHS for Family Medicine at CHC & other levels to help creation of posts by the States.

- NHSRC to develop operational guidelines for initiating Family Medicine Programme at medical colleges.
- Systemic evaluation of the two-year PGDFM course already initiated by NHSRC to understand the gaps for taking corrective actions.
- NHSRC to continue engaging with NBE for revision of curriculum to include priorities and programmes under NHM.

Against the backdrop a meeting was organized at CMC, Vellore with the following objectives:

1. To review and streamline the 3 Year PG Curriculum for Family Medicine.
2. To develop Operational Guidelines for the PG Programme of Family Medicine.
3. To study the challenges in Family Medicine practice.

Stakeholders like Family medicine experts, State level NHM Officials, Specialists, representatives from Administrative bodies and a team of NHSRC led by Dr. Himanshu Bhushan (Head PHA division) had participated and exchanged their knowledge and experience during the meeting. *(For the list of participants refer to Annexure-I)*

Meeting started with welcome address by Dr Anna Pullimood (Principal Family Medicine CMC Vellore).. She shared that there are only three medical colleges which have post-graduate department of family medicine with only 5 seats altogether. She also added that currently students are being trained in secondary care / tertiary level care and they are not exposed to primary level issues. They also lack in understanding of the various national programmes.

Dr. Jachin Velavan (Head, Dept of FM Distance Education, CMC Vellore) added that there should be equity in medical education. The knowledge of programs and exposure to common disease conditions should be included in the course.

Dr Himanshu Bhushan (Advisor, NHSRC) briefed the expert group about the paucity of specialist and asymmetry in demand and supply in public health system of our country. He briefly explained the steps to follow for ensuring the desired output in the two-day deliberations

Streamlining of the family medicine PG Curriculum

Currently there are different syllabus for the PG program in family medicine, DNB, MCI and PG Diploma Program in Family Medicine. It is advisable that PG program should have three years duration and comprehensive syllabus which includes all the national programs, all program needs and priorities of the government.

Year 01: Certificate program in family medicine (16 credits),

Year 02: PG diploma program in family medicine (16 credits),

Year 03: MD in Family Medicine (18 credits).

The program could be credit based and offered in a tier/ stepwise manner. The whole program may of 50 credits divided over three years.

The participants of the meeting and the faculty from various specialities from CMC Vellore reviewed the curriculum and came up with their observations and suggestions on the current PG Programme in Family Medicine.

After the deliberations and incorporation of inputs from the experts a document was prepared.
(Refer Annexure-II)

Operational Guidelines for the PG Programme of Family Medicine

An operational guideline will incorporate the road map of family medicine program in India, how to expand the family medicine PG program, and role of the state and government of India with that of the regulatory bodies in context to the PG program in family medicine. A group was identified from the participants, who would work on the operational guidelines for the PG Programme in Family Medicine.

Study on the challenges in practice of Family Medicine

As of now, there are approx. 200 doctors per year (all over India) choosing some post-graduate program in Family Medicine. There is a need to study the difficulties and challenges faced by the doctors practicing in the field whether in private sector or in government sector. We need to learn from their difficulties, and also of the state officers's according to current needs with recommendations too. Once the FM doctors are posted at CHCs feedback can be taken from them as well.

Feedback from FM practitioners of CMC, Vellore was taken during the meeting. They showed confidence in skills like performing normal/ assisted deliveries, stabilising patients who require critical care, management of neonatal and paediatric cases, etc. Dr Alka Ganesh said that it is advisable to have a pilot (*placing family medicine specialist at CHC only*) for the whole practice so that we can showcase early results.

Ms. Shweta Roy from NHSRC informed that the adherence of a defined specialist cadre in approx. 14 states hampers good HRH policy. States are facing challenge in recruitment of the specialists in hard to reach areas even after increased remuneration.

To a question by Dr. Frederick (Expat Faculty Dept of distance education CMC) Dr. Bhushan replied that position of Family Medicine specialist is altogether a new position so there is no question of replacing any specialist with existing sanctioned posts.

Dr. Shashidharan (Head, Department of Family Medicine, Calicut Medical College) suggested that if each medical College has a Family Medicine department for MD Family Medicine Programme that will boost FM speciality.

Dr. Raman Kumar added that currently Family Medicine is not a mandatory requirement for running any medical college and hence there is no department in any medical college. National medical commission act 2019 for the first time has recognised the importance of family medicine in public health.

To a query by Dr. Raman on CPHC Dr H. Bhushan replied that although these programs seem vertically different but actually, they are part of comprehensive primary Health care. At the level of Central government, they are on the same horizontal plane and at the level of execution, that is, the Primary Health centres, Community Health centres and district level hospitals they got integrated.

It was suggested that the training hubs should be of primary, secondary care in nature and not medical colleges/ tertiary level hospitals only.

It is sometimes necessary that certain skills in MBBS need to be practiced and taught again under PG family medicine programme. Envisaged MD family medicine program should provide practical and clinical management skills. Formative assessment is must which should be 80% of the skills for the family medicine program. Skills can be categorised into essential, selective and desirable. There can be a method of periodical assessment for continuous assessment for 360-degree assessment. There should be some stringent norms for the assessment and monitoring of the students because it has been seen many times that skill may be there on paper but, they may fail to perform in the field.

Many aspects such as procedures allowed, practices and their legal aspects, the scope of the services delivered by these doctors may come under the purview of existing law and rules and there may be some legal issues while practicing skills which are enumerated in specialist courses.

While concluding the session, Mr. Prasanth KS from NHSRC summarised the key recommendations of the proceedings and thanked all participants who have come together for a great cause.

