

District Residency Programme

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Under the purview of the National Medical Commission in 2020, all Postgraduate students pursuing MD/MS in broad specialties across all its affiliated Medical Colleges began undertaking a compulsory residential rotation of three months termed as District Residency Programme (DRP) at District Hospitals/ District Health System as a mandatory requirement of their course curriculum.^[1] The postgraduate medical student undergoing training under DRP was termed as a District Resident (DR). The DRP was applicable from the 2021 Postgraduate Batch onwards, with the goal of training doctors to comprehend the problems at the community level. Producing competent specialists is the aim of postgraduate medical education, and upon completion of the DRP, the DR should exhibit sufficient skills and knowledge of the concerned speciality. During DRP, residents should serve as speciality doctors with district teams and be posted in the concerned speciality team or services at the District Health System, working in areas concerned to their speciality to bridge gaps in medical education and healthcare delivery, especially in rural areas.^[1]

The main objectives of DRP were envisaged to expose the post-graduate student to District Health System/ District Hospital and involve them in health care services being provided by District Health System/ District Hospital for learning while serving; to acquaint them with the planning, implementation, monitoring and

assessment of outcomes of the National Health Programmes at the district level; and to orient them to promotive, preventive, curative and rehabilitative services being provided by various categories of healthcare professionals under the umbrella of National Health Mission.^[2] By doing so, the post-graduate medical students would also be strengthening the District Health System's services. The District Specialists will supervise the training of the students in outpatient, inpatient, casualty, and other areas pertaining to their specialty, under the general guidance and oversight of the District Residency Program Coordinator (DRPC).

“Learning while serving” from places closest to the community, intends to address the persistent issue of human resource shortages at district hospitals that serve as catchment areas for adjacent villages and Talukas. The patients there get basic medical advice or referrals as per the availability of doctors and ancillary staff. District hospitals are usually better equipped and staffed than primary care centres, thus working in such hospitals allows residents to observe, examine, and treat while learning about locally prevalent diseases. Moreover, patients benefit from consulting a specialist, for which they would often be referred to a tertiary care centre.^[3] DRP provides postgraduate students with the opportunity for personal development. District hospitals are often less hectic and provide plenty of reading time

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compared to medical colleges, where the patient load is more substantial and the duty schedule allows minimal time for proper study and thesis completion. Additionally, DR can conduct research to improve their resume and practice clinical skills on patients on a regular basis to aid in their practical examination. The likelihood of having a cross-disciplinary discussion with other experts is higher in a smaller district hospital.

However, in most district hospitals, academic learning from cases is generally passive or absent, with the completion of tasks prioritised. Systemic inertia often supplants the necessity for knowledge updates, while the everyday experience of managing situations in demanding work environments suppresses professional interest. The infrastructure can at times be inadequate for delivering appropriate patient care. The system operates efficiently owing to the commitment of staff and healthcare professionals. The DR stays away from the academic activities of the parent college and might miss some rare cases. DR may experience a lack of infrastructure, amenities, food & facilities, transportation, and accommodation (for those coming from faraway places), ineffective communication with the parent department and safety concerns at the workplace. NMC has given State Governments the responsibility of providing necessary facilities, such as suitable accommodation and security, particularly for female residents.^[1] Despite early setbacks, the District Residency Program is going on smoothly. Everything should come together for a smooth posting and rejoining in the upcoming years. Postgraduate students would surely miss out on many important cases, Departmental research projects etc while they remain away from the medical college; some of which would have involved procedures or rare diseases that are only treated in tertiary-level facilities.

One major concern among Postgraduate DRs is that the NMC has not appropriately specified work and rest hours during the DRP. The guidelines mention reasonable work hours and reasonable rest hours in a day

for resident doctors, leaving a lot of scope for subjectivity.

What can we do to improve DRP?

Provide standardised training modules, orientation and thorough induction programs to ensure that residents are fully aware of their duties and responsibilities at the District Hospital. Comprehensive logbooks for other departments to ensure a standardized and thorough training experience across various specialities. To ensure the best possible patient care, district hospitals should invest in their infrastructure and allocate sufficient resources. Establishing strict supervision and monitoring processes, along with frequent inspections, evaluations, and feedback meetings. Enable residents to take part in online lectures (e-lectures) and discussions by keeping lines of communication open and facilitating academic integration with parent medical colleges. Thus making sure of the provision of internet availability in the DH for the residents, this will make sure that the Postgraduate is not missing out on the scheduled PG training in their parent department. It is crucial to provide residents with secure and comfortable accommodation, reliable transportation, and support networks to improve their work efficiency and alleviate their anxiety. Setting up transparent reporting mechanisms for any unethical practices is essential. District hospitals provide opportunities for research activities.

Residents should be encouraged to participate in research projects and provided with the necessary resources and guidance. Involving residents in community health awareness campaigns and establishing mechanisms to gather feedback from the community is important. Conduct periodic reviews of the DRP, involving all stakeholders to gather diverse perspectives and implement necessary improvements. Extending 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 specialities.

In summary, teething problems and deeply rooted systemic inertia make it difficult to adopt any new tradition at first, but medical research is essentially avoiding these difficulties. Although the decision to develop the DRP with the benefits of residents in mind was a significant game-changer for postgraduate medical education, some residents may still find it difficult to accept. Regardless of the circumstances, this program will improve Postgraduate students' learning as well as patient care if implemented properly.

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