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Editorial

Convergence between Health and Medical Education

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The Health and Family Welfare has three arms - Health, Medical Services and Medical Education. The administration is divided between Secretary, Health and Secretary, Public Health. Departments of Health and Medical Services function in separate compartments than Medical Education. Functionally, it makes sense if these departments can complement each other for mutual benefit. This calls for some convergence of the administrative structures between the departments of Health, Medical Education and Public health, which exists in our state in the form of Commissionerate of Health, along with other related government departments and programmes.

Currently, the clinical exposure of students of medicine is almost entirely in teaching hospitals. They do not have adequate exposure to health care delivery at the primary / secondary level, which the district health care system can offer. Professionals in the district system do not have opportunities for advancement of knowledge for improving their services. The linkage between the medical colleges and the health system would be beneficial to both, as well as a platform for problem solving. Thus, without incurring much additional expenditure, both, the colleges and the district health care machinery can perform their roles better than at present.

Current status of integration with health system in Gujarat:

Medical Colleges in Gujarat especially the government run colleges have a level of integration with health and medical system which is better than many of the states. Entire faculty of medical colleges especially those from PSM, Paediatrics, Obstetrics and Gynaecology, Anaesthesia and Medicine are involved in this task in many ways such as

1. Training: Medical Education through its faculties is involved in various trainings under different health programs.

a. Reproductive & Child Health (RCH) – maternal health, family planning, immunization STI/RTI, ARSH.
b. National Vector Borne Disease Control programme (NVBCD) – Malaria, Dengue, Leptospirosis, CCHF and other diseases
c. National AIDS Control Programme (NACP) – various components under HIV/ AIDS control including blood safety.
d. Non Communicable Diseases trainings for MOs in selected districts
e. Trainings of (Emergency Obstetric care (EMOC), Early New Born Care (ENBC), Navjat Shishu Suraksha Karyakram (NSSK) to Medical Officers (of 3 – 6 months duration)
f. Integrated management of neonatal and childhood illnesses (IMNCI) and F-IMNCI

2. Service

a. Patient care – primary and referral including school health
b. Providing professionals for FP camps for Tubal Ligation, Non Scalpel vasectomy

c. Epidemic - investigation
d. Certification of handicapped persons
e. Integrated Disease Surveillance Programme

3. **Monitoring and Evaluation** : Faculty and residents are routinely involved in Monitoring and Evaluation of many national health programmes
   a. Process
      i. School Health
      ii. Pulse Polio Immunization and Bi annual round Vit A supplementation
      iii. Pulse Measles vaccination (catch up round)
      iv. State Routine immunization Monitoring
   b. Performance/ outcome
      i. Multi Indicator Cluster Survey (MICS) for RCH services
      ii. Mass Drug Administration (MDA) for Filariasis
      iii. Supportive Supervision Team visits for STI clinics under NACP
      iv. Nutritional programmes: Iodine Deficiency Disorders and Integrated Child Development Scheme

4. **Research:**
   a. Medical colleges undertake research both in basic and applied areas either as thesis or otherwise in various sectors and the findings are shared with concerned departments.
   b. Directorate of Medical Education provides funding support for research.
   c. RNTCP and NVBDCP fund research in their areas which is availed by postgraduates for theses.

Scope of Convergence:

However, there is a scope for exploring many more areas where the integration is possible and indeed desirable.

a) Capacity Building :

Training in colleges should prioritise local health problems, focusing on evidence based medical care and as per the guidelines of national programmes. Treatment guidelines of national programmes should be taught AND followed in medical colleges. Apart from that protocols can be developed and taught for other local health problems. This can be done by clinicians along with public health colleagues keeping in mind the existing realities.

b) Operational Research :

Areas of research, specially the operational type, should be suggested by health authorities' based on their needs, as is being practised under RNTCP. There can be development of a funding mechanism under District Health Society (DHS) which can fund research in areas of their interest.

c) Mutual support :

The faculty of medical colleges can play a very useful role in the preparation of the PIPs.

Similarly, programme managers and district health staff can be valuable guest faculty for the Community Medicine students. The Medical Council of India (MCI) guidelines on undergraduate curriculum includes teaching undergraduates the fundamentals of

health management at PHC level, (which are equally relevant for private practice) but is seldom taught. This is where our colleagues of health department could help.

d) Community Oriented Teaching and Learning :

RHTCs and UHTCs also provide great opportunities for not only giving the undergraduates community exposure but also to interns to practice what they have learnt. Interns have shown a lot of enthusiasm in participating in community activities especially those which give a scope to exhibit their creative talents like street plays. RHTCs also provide opportunities for postgraduates for learning skills such as qualitative research, participatory research and communication skills. It can be made more meaningful by involving colleagues of other departments, including departments involved in diagnostics to identify ways and means of improving healthcare to the poor.

Changing the mindsets :

It has been argued that integration would mean doing the job of health department personnel, but I ask myself how justified am I in calling myself an expert, for example, on a health programme just because I have read a module/document before others? One needs both, the insight based on our training as well as field experience to develop real expertise. The experience of in-service doctors who go back to the field after a degree or diploma bears testimony to this. There is also the question which all of us need to deliberate- is MD Community Medicine/PSM curriculum sufficient or should we also be looking at the need to include a portion on Public Health Administration (PHA). The current teaching in degree courses does not address aspects related to administration, finance to name a few, which are very much a part of PHA.

On the other hand, there is diffidence on the part of health department to employ qualified public health specialists. Probably, it arises from the fact that they believe the postgraduates of Community Medicine lack the practical skills/field experience. While, we maintain our lofty stand that our MD degrees cover everything. The earlier practice of sending health department officers to obtain a Diploma in Public Health recognized the need for training them in the theoretical aspects of public health. This is precisely the reason why we must have integration, to develop a symbiotic relationship and not an adversarial one, one that is of mutual respect rather than disdain.

Conclusion:

The Government of India is exploring how such integration can be achieved by initiating a pilot project in 5 states including Gujarat. It is being carried out by Centre for Innovations in Public Service (CIPS), Hyderabad.

I have not dwelt on such integration in urban areas, as not only most of the things remain true for them also but are easier in terms of feasibility. Urban health is an area which has been for long underserved and is now coming into focus under National Health Mission. It also offers a lot of scope to work, learn, innovate and contribute to public health programmes.

At the end of the day, both departments are stakeholders in the health of the people and thus the onus is on both to make a commitment that it would happen and work.