

## Editorial

# District resident programme – opportunities or malapropos

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District resident programme shortly known as DRP, is a training programme introduced by National Medical Council in 2020 for post graduate students pursuing MD/MS degree from medical colleges of all type (government/private/deemed).<sup>1</sup> Programme is introduced with the objective to familiarize with the health care services provided by District health system and to learn about planning, implementation, monitoring and assessment of the outcomes of the National Health programmes in district level.<sup>2</sup> For the purpose of this programme, a district hospital shall be a functional public sector/government-funded hospital of not less than 50 beds with facilities/staff for the designated specialties at that level/facility.<sup>2</sup>

NMC introduced it with the thinking that doctors, especially Post graduates should be trained for community level services and learn about challenges which occurred in Health services other than medical colleges. Post graduates who are going for DRP shall be called as district residents.<sup>3</sup> However, it was introduced to fulfill the lacuna in district health services but due to lack of proper facilities, infrastructure and specialty specific work in district hospitals (including CHCs), district resident programme still not achieve their objectives efficiently.

### WORKING AREA

During the district resident programme, residents will be posted in specialized wards, OPDs, ICUs for clinical broad specialties post graduates however for post graduates of pre and para clinical subject's residents are supposed to do general duties, diagnostic/laboratories related services, pharmacy services, forensic works, managerial duties. Residents are also encompassing night duties as assigned by CHMO/civil surgeon/district health officers. To not

detach with their parent college, residents are able to participate in scheduled Case discussion, Seminars, Journals review presentation, thesis works/discussion etc. Residents shall draw stipend (according to their parent college), weekly holiday by rotation and other leaves as per their admission/government rule.

### DISTRICT RESIDENT PROGRAMME IS AN OPPORTUNITY

The district resident programme should be seen as an opportunity for district health services, medical colleges and resident itself. District resident programme can meet the shortage of doctors in district health services. However, post graduates are not fully specialized in their subject but they are specialist-in-waiting and they can treat patients accordingly. Also, there is a possibility of getting DNB seats due to round the clock availability of subject specific post graduates in District hospitals.

After one year of implementation of DRP, Medical Colleges apply for proportionate increase in post graduate seats as a compensation for potential compromise of work. Residents have opportunity to understand about community level health needs, learning by serving in community health. Residents also have the opportunity to develop leadership skills as well as building relationships with health workers of District health services. They have enough time during DRP to do their thesis work.

### MALAPROPOS OF DISTRICT RESIDENT PROGRAMME

There are two sides of every coin. If we are talking about the benefits of DRP then surely there are some cons also which should be highlighted.

Three-year courses are not enough to train properly for Post graduates, especially in the clinical branch. Post graduate curriculum include BCBR course, ACLS-BLS training, Good clinical practice and Ethics training, attending conferences, thesis completion along with Three months mandatory DRP posting to appear in final examination. DRP not only reduces the time for training but also some PGs face unavoidable challenges due to lack of infrastructure, local languages/peoples and also arbitrary decisions related to duties by district health coordinator as well as CHMOs/civil surgeons.

## CONCLUSION

Bad is always associated with good, but we must see what is in greater amounts, good or bad. However, there are some cons present with DRP but Pros remain in higher amounts. We must see DRP as an opportunity rather than malapropos because due to this programme PG seats increase in proportionate level which ensure improvement in health services in particular districts. The government also looks into the matter which is raised by residents from time to time including proper infrastructure, accommodation, duties in transparent ways. District health service providers watch residents as an additional hand only rather than the option of their available doctors. This must be a responsibility of every medical college to remain in touch with their residents who are posted in district under district resident programme.

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