

Editorial

Rural and Urban Health training Centers and Community Medicine: my musings

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(Strong disclaimer: The views expressed in this article are my own in my personal capacity. They no way reflect on the views of journal or government to which I am a part and the institute where I am currently working.)

Rural and Urban Health Training Centers have been associated with Community Medicine Department (CMD) since long when these departments were known with different nomenclatures. Who amongst us has not heard of places like Singrur, Vallabgarh, Palghar or Sarojininagar? All these places have been associated as health training centers with premier institutes of Public Health and have been the sources of community based studies on important public health problems. Basic idea behind evolution of these places as field practice areas for the department was to:

1. Provide facility for **community based learning** by undergraduate (UG) and postgraduate (PG) students. Students learn better about patients and their disease in community settings rather than while seeing them in OPD or wards; more true as they learn epidemiology of disease and various national programs
2. By involving faculty of department, these areas can be developed into **centers of excellence**; better achieved by:
 - a. Skill building of field staff
 - b. Closer supervision, monitoring and evaluation (M & E) of routine activities and national health programs
3. For undertaking **departmental research** (especially applied) as per the needs of administrators

Thereafter the idea of RHTC and UHTC was enforced by Medical Council of India (MCI) initially as guidelines and later as bindings on all medical colleges. These guidelines provide for adoption of 3 primary Health Centers (PHCs) out of which at least 1 is converted in RHTC with additional provision of manpower and buildings. Similarly 1 Urban Health Center (UHC) should be adopted and developed as UHTC again with additional manpower provided and some extra rooms (5 – 6 including 1 seminar room). Manpower provisions at RHTC and UHTC include posts of Assistant Professor (AP), Lady Medical Officer (LMO) and paramedical staff. All colleges whether they liked it or not submitted to the wishes of MCI and created RHTC and UHTC. MCI has insisted on minimum provisions in terms of infrastructure and manpower but most of the colleges with exception of few like MGIMS, Wardha have taken this as maximum and not gone beyond that. Wherever the RHTC and UHTC were created, immediate benefit perceived by the departments was creation of 2 posts of AP as in-charge RHTC and UHTC; helpful to accommodate 2 fresh pass outs. However this has a built in threat of field posting (away from the comfort of medical colleges); therefore mostly junior most AP are appointed on these posts, who after joining wait for next juniors to join who are then handed over these posts. Needless to say, it is persisting like this at most of the places.

Let us look at the different stakeholders in development of RHTC and UHTC.

1. **From Medical College:** CMD, Office of the Dean, Other departments such as Medicine, Pediatrics, Obstetrics & Gynecology

2. **State Health department** It includes BHO, CDHO and RDD mainly providing for manpower and technical skills,
3. **Local bodies:** Primarily owner of PHC (Zila Panchyat) and UHC (Corporation or equivalent urban body)
4. **Beneficiaries**
 - a. UG (including interns) and PG students
 - b. Community at large - end user
 - c. Faculty of department updating their skills
5. **Other Functionaries:** Are from other departments with cross cutting areas such as Women & Child Health (ICDS), PWD or PIU (construction & maintenance of buildings), Education (for school health), Social Justice & Empowerment (various welfare campaigns like “save the girl child”), Rural and Urban Development and Panchyat Raj Institutions (PRI) etc. Extent of their involvement basically depends up on our enthusiasm of developing RHTC and UHTC.

Right from the letter of permission (LOP) given by MCI to a new medical college, evolution of RHTC and UHTC begins. Some of the important points which need deliberations are as follows:

1. Identification of centers: For RHTC, a PHC is selected within commuting distance (< 1 hour for one side) and should be preferably 24 x 7 (with extra manpower helpful in future development). It must have sufficient OPD load and available land for extra construction. RHTC shall not be at the periphery of city, in that case in future it will be engulfed by urban expansion and department has to select a new RHTC. Similarly UHC selected to develop as UHTC should be within reach to the college (preferably 3- 5 kilometers) catering large slum population where apart from providing services, training and research can be undertaken. As per MCI, except for 5 – 6 rooms (including one large

seminar room), UHTC does not require any extra construction. As an evidence of community participation, local authorities must be enthusiastic and supportive in this identification process for RHTC and UHTC.

2. Infrastructure: In addition to the existing building of PHC and UHC, MCI has spelled out the building plans for both RHTC (quite exhaustive) & UHTC. Many colleges do have buildings constructed long back or being shared with Regional Training Centers. Many new colleges in Gujarat are fortunate that buildings for RHTC with all specifications are under-construction. Once the buildings are ready, departments have to procure furniture, fixtures, utensils etc to make them fully functional.

Hostels at RHTC are another debatable issue. In this era of rapid transport internees may not stay overnight at a hostel just 15 – 20 kilometers from medical college unless some round the clock training program is arranged or it is expected that posted intern/ PG students take part in clinical emergency services along with obstetric deliveries (if such services exist at the RHTC or UHTC). No doubt once all these facilities in terms of infrastructure and manpower are provided, such round the clock facilities can be developed. While at many places even faculties are commuting on daily basis, it is difficult to expect interns to stay at RHTC overnight. Anyway till this MCI directive is modified (or not), we shall develop hostels too at RHTC. MCI guidelines for infrastructure too are for minimum but are taken as maximum. Many PHCs have space crunch or buildings are in dilapidated condition. Therefore, if some extra rooms are constructed by us, they can be shared with PHC. Otherwise too, the constructed seminar room at RHTC and UHTC can be used for monthly meeting and training of center’s staff. Since there is no provision of accommodation for AP and LMO at RHTC, it can be safely assumed that they are not expected to reside there. As such if an AP (junior most) is compelled to stay

fulltime at RHTC or UHTC (till next junior arrives), attrition rate will be very high.

3. Manpower: MCI proposes manpower at RHTC and UHTC exclusively for teaching which include in charge AP, LMO and Para medical workers over and above the regular staff posted there by health department. At places authorities are reluctant to fill up these posts and show regular staff of PHC/ UHC as their own. However, with the pressure from MCI and the realization by authorities, these posts are being filled increasingly. Once filled these posts become an asset to CMD and they work hand in hand with regular staff (of RHTC & UHTC) complimenting each other's efforts. MCI has not proposed for the posts of house keeper/ store keeper, essential to look after the property at RHTC. With overnight staying of interns (male & female) at RHTC, a round the clock security arrangement is also required. Additional sweeper is also needed looking to the structure of RHTC. It is essential that manpower provided from both heads should be optimally utilized and duplication of work should be avoided. This can be best achieved by frequent coordination meetings between Professor & Head (CMD) with CDHO and AP with BHO (THO) and PHC MO.

4. Vehicular support: Dedicated vehicular support is essential for CMD and more so for its RHTC and UHTC. Unfortunately at many institutions when such support is asked for, it is perceived as luxury by authorities/ other departments. It is essential for us as the ventilator or dialysis machine or ICCU are for Medicine department. When all activities commence, a department needs at least 1 SUV type vehicle (for 6 – 8 persons) and 2 buses with 35 – 40 capacity with adequate manpower wherein each vehicle has an independent driver and attendant/ cleaner for college buses. While 1 bus will remain in department catering for community postings of different UG batches, other bus has to be at RHTC and UHTC for intern's postings and departmental research and other field based activities. To my

knowledge, no medical college in Gujarat has this type of vehicular support.

5. Administrative Control: MCI insists that complete administrative control of RHTC and UHTC should rest with Dean of the institute and CMD (?) respectively. I am personally of the view that neither of the two (Dean & CMD) is prepared to take over the administrative control nor the current controlling bodies (Zila Panchyat & Urban bodies) are willing to hand over the same. Another solution is to have our own RHTC and UHTC but then they will be very resource intensive and will have overlapping with government run facilities. Therefore we may sign an MOU with health centers (short of administrative control) clearly spelling out the role and responsibilities of both sides to facilitate the arrangement. Again this matter need to be raised with MCI and can be processed further only after the MCI accepts this arrangement.

Activity Plan: Till now we have looked into some issues regarding the development of RHTC and UHTC. Once developed what are the different activities which can be undertaken at these centers? MCI does not specify the type of activities a department shall undertake at RHTC and UHTC. Based on the inputs received from various departments including my own in the Gujarat state, I propose the following activities:

1. Teaching and training (UG): All UGs should be taken to RHTC (& other 2 PHCs) and UHTC during their community postings with the aim to:
 - a. Understand the field epidemiology including physical and social environment of the urban and rural areas.
 - b. Understand the functioning of RHTC and UHTC,
 - c. Interact with manpower posted
 - d. Learn about the implementation of

- various national programs
- e. Conduct field survey, case study and mini projects
2. Teaching and training (Interns): All interns during posting in Community Medicine must be posted by rotation at both RHTC and UHTC. Internship is an ideal period to pick up and refine the clinical/ communication skills under the “real field situation”. This opportunity can be further used to expose them to other institutions such PRI, administrative offices of Panchayat, BHO etc. Each intern can be made mentor for one Village Health and Sanitation Committee (VHSC).
 3. Teaching and training (PG): PG students must be posted by rotation to both RHTC and UHTC to:
 - a. Learn field epidemiology through understanding physical and social environment
 - b. Support the work at centre under supervision of faculty. It will enhance their administrative, teaching, clinical and communication skills.
 - c. Carry out outbreak investigations
 - d. Prepare epidemiological, managerial and social case studies.
 - e. Allot dissertation work as far as possible within field areas
 - f. For departmental research, skill building of field staff and evaluation of any program, priority must be accorded to these areas.
- g. A resident of the department can be appointed as mentor for 1 sub-centre or a few VHSC in the RHTC for a period of 6 – 12 months.
4. Adoption of a sizeable population at both RHTC and UHTC (5,000 – 10,000) with the help of paramedical workers for regular follow up
 5. Other activities proposed:
 - a. **Observance of various health-related days and weeks:** many of us are already doing it. Regular observance of World Health Day, World AIDS Day, malaria fortnight, nutrition week (list is endless) at RHTC and UHTC go long way in generating awareness in community and establishing our credibility. Paramedical staff posted under CMD in coordination with regular staff of PHC/UHC can be used for community mobilization and organization of these events. As on now there is no budgetary provision for CMD to take up these activities. I propose that a minimum allocation of say Rs. 10,000 – 20,000 per year per centre be made to support these activities. Amount appears to be very small but will go long way in the conduct of these activities. A proper documentation of all such activities and submission to

authorities is equally important. It is to be done with regular staff of PHC/ UHC and due credit can be shared by both of them with their respective authorities.

- b. **Multi-specialty OPD** at RHTC and UHTC (once a week/ month) with proper referral to medical college will be helpful in providing quality care and building up the rapport with community
- c. Skill building of local staff by faculty of Community Medicine and other departments (Microbiology, Pathology, Medicine, Gynecology, Pediatrics, Ophthalmology, ENT etc.) can help in developing these centers as role model for others. As part of capacity building of staff, one faculty of Community Medicine and sometimes from other departments shall attend monthly staff meeting at RHTC and UHTC and discuss

one relevant topic with them.

- d. Adoption of local secondary schools to facilitate school health and Mahila Mandals for engaging them in social activities.

All the above listed activities when undertaken by us will give us an opportunity to put our technical knowledge in to the practice for the welfare of the community. The list of suggestions can be endless and these are only few of my thoughts put up before you. I am sure all of you have even more beautiful thoughts or even implementing many of them. But one thing I am sure that this idea of developing RHTC and UHTC is essential for welfare of community, learning of our UG, PG and even our faculty and finally for the growth of our subject. The real subject can be learned only in the community after we come out of the four walls of medical college.

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GUJARAT CHAPTER