

Voice of the Expert

Residency Programs in India — An Appraisal

Q1. What is the pre-requisite for enrolling in residency programme?

In India as of date, the rank obtained in the NEET examination is the major criteria for admission to any medical course be it undergraduate or post graduate courses. Some institutions in the past like CMC Vellore, Ludhiana etc were giving emphasis on an interview which was looking at an aptitude of the candidate in the subject but largely was aimed at assessing the ability to fit into the cultural fabrics of that institution. However by law today the ranking in the NEET is the sole criterion. But by default of the system, the choice on subject and place given by the candidate also influence the admission. The greatest draw back in the present system is that the speciality based knowledge, aptitude or skill is NOT tested but is confined to global knowledge on the whole of medical subjects. It also does not permit anyone to change the speciality during the tenure of his course.

Q2. What should be the Ideal Duration of Residency Programme ?

In India, MD/MS/DNB is considered as the end of training programme and we do not have a structured post-doctoral supervised training programme. The three years of training, currently followed is grossly inadequate even in accrual of knowledge particularly with exponential growth in medical science. Unscientific increase in postgraduate medical seats has a detrimental effect on skill development in most of the procedure based specialities. To start with the number of medical seats is to be kept based on national population based needs. After basic speciality exposure on a common platform for a period of three years, further defined speciality based training for five years again based on demographic needs will be the ideal system. But the concept of true residency as followed in the West needs to be followed where, the system should

understand the residency is NOT just equivalent to the other non-medical courses but is an in house job training where the resident carries out certain amount of the work. This concept should hence provide a reasonable pay for each year of residency replacing the meagre stipend given for a trainee. The subspecialty division should also be judicious with a practical clinical outlook.



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Procedure based specialities need more comprehensive skill development programmes. Hence it may be beneficial for a longer period of speciality training than the current three year duration.

Q3. Do we need to have Separate Programmes / Schedules for Surgical & Non-surgical Residencies?

The basic ethos of training can be the same in both types. I would rather be tempted to mention that when there is a procedure to be learned and performed in any speciality, there needs to be a structured training and a graded autonomy which needs to be constantly audited, watched and interfered by a competent professional body. Currently the system in India only looks at the completion of the prescribed duration of the course for purpose of legal licensing to practice that speciality. We have no system that ensures certain mandatory hands on training for procedures.

Q4. What is the present status of various residencies in India?

All residency programme India today is governed only by a stipulated time frame and is based on curriculum defined by the State Medical University or National Board or any other University. There is no interim assessment and there is no vigilant system to ensure quality of training. The completion is tested on the basis of just one exit examination. A continuous objective and skill based assessment can substantially improve the standard of training which will also make the trainers more accountable. The trainers also need to be brought under constant scrutiny to improve the entire system.

Intermittent assessment of both trainees and trainers may lead to a holistic system of education

Q5. How is it different from other developed countries like USA or UK?

In India, the post-graduation is still considered as a "course" involving only a process of admission and an exit examination. But in most other countries, it is called a specialty based training programme well-structured by a specialty based professional body which is on the constant watch on the quality of both the trainer and the trainees. Unless the trainers are made accountable, the training system will have lots of bias.

Q6. What changes are necessary for betterment of the programme? How to fill in the lacunae?

The concept of "Course" needs a change to "in house training programme". Both trainer and trainee need to come under the constant scrutiny of a "professional" body which should be held responsible for constant in house training, assessment and exit examination. Licensing can on still legal grounds be done by a non-professional agency like Medical Council or its equivalent. Concept of state wise Medical Universities granting the degrees

leads to variation in standards and should be made uniform all across the country with independent bodies like National Board of Examinations.

A standardized training programme under the guidance of an independent professional body all over the country is desirable for the improvement of the current system of residency.

Q7. Should we regulate the working hours of the residency programme?

Certainly it should be regulated to prevent early burn out. The concept of cheap labour needs to be changed into a proud professional training, by the managements of private institutions. The time of professional work should be kept reasonable.

Q8. Does the present condition affect the mental condition of the student?

It is dependent now on the practices adopted in the institutions and the methodology followed by the trainer and is not uniform. Both these should be made uniform to ensure national uniformity. The pressure on workload can affect the mental status and systems should be in place to avoid this and to render help if such a situation arises.

Q9. What steps can be taken to ensure standardization of programme in different institutes?

I think I have addressed this in the previous questions

Q10. Is there any residency exchange programme?

Presently we don't have any exchange programmes. It is only an institution based. It is a good idea to expose trainees at different levels to different institutions to understand the various methodologies adopted to address the same diseases or for subspecialty exposure.

Thank you Dr Santhosh John Abraham for your answers. We appreciate the time taken by you and we are sure that our readers will be benefited immensely.