



Compulsory Rural Service to be or not to be: Students' Perspective

KEYWORDS

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ABSTRACT *Introduction: The MCI's decision to make rural postings compulsory after MBBS had sparked a nationwide protest from doctors last year. Following the protest the postings were postponed indefinitely. This paper tries to explore the stance of interns on rural postings and reasons for the same. The authors also discuss the ways in which the issue could be resolved. Aim: The study aims to find the stance of final MBBS students and interns on compulsory rural postings. The study also tries to identify the factors which shape the perception of students. Method: A cross sectional study was carried out in interns of Seth GS Medical College, Mumbai. A convenience sample of 100 interns was taken. Written informed consent was taken from the participants. Both quantitative and qualitative data was collected in following two phases with help of a self report questionnaire and a focused group discussion. Results: Most students are against compulsory rural service. Students were willing to serve in RH or PHC after PG. No difference in opinion among students from rural & urban areas was found. Lack of confidence to manage patients after MBBS, lack of proper infrastructure, lack of amenities in rural areas, lack of money, isolation from peers, inability to grow as a professionals, exclusive interest in specialization, compromise with lifestyle, security issues, lack of facilities for family, language barriers were reported as causes. Conclusion: If the policy of rural posting is to be mainstreamed there has to be a consensus of all stakeholders.*

Introduction

India produces approximately 31,298 allopathic doctors annually.¹ Although this number seems satisfactory on a national basis there is significant misdistribution of health manpower within the country. Studies have shown that around 73% of the doctor population is concentrated in urban areas, while only 17% of doctors reside in rural India, which is home to more than 70% of our population. The gap between staff in position and staff required at the end twelfth five year plan was 76 percent for doctors.² Thus, the rift between our urban and rural healthcare providers is significantly wide.

Various factors can be attributed to development of this rift. The lack of amenities, job satisfaction, social isolation and inability to adjust to rural life have all been cited as causes of aversion to voluntary rural service among doctors.³ The twelfth five year plan states – "An appropriate regulatory mechanism would be considered to ensure compulsory rural service by medical graduates."⁴

To resolve this issue the government has taken many steps, one of which is to make it compulsory for all M.B.B.S graduates who have completed their internship to do one year of rural service if they wish to pursue post graduation.⁵ This decision was met with wide spread opposition from medical students.

Aim:

The study aims to find the stance of final MBBS students and interns on compulsory rural postings. The study also tries to identify the factors which shape the perception of students.

Objectives:

- To determine the opinion of interns regarding one year compulsory rural posting after M.B.B.S.
- To identify the factors which have shaped their opinions
- To assess perception of participants regarding impact of compulsory rural posting.
- To identify differences in perception if any between students originating from urban and rural areas.

Materials & Method:

A cross sectional study was carried out in interns of Seth GS Medical College, Mumbai. A convenience sample of 100 interns was taken. Written informed consent was taken from the participants. Both quantitative and qualitative data was collected in following two phases.

Focused Group Discussion:

Conducted with 8 randomly selected interns. Interview was recorded and transcripts grouped and analyzed using Microsoft Office Excel®.

Questionnaire:

Included open & close ended questions pertaining to the socio demographic profile of the participants and their perception about compulsory posting.

Results:

Of the 100 interns 57 were male and 43 were female. Students who hailed from urban areas were 74 while only 26 came from rural areas. Socio economic status was calculated using modified Kuppuswamy Scale showed that 45 belonged to upper middle class, 24 belonged to lower middle class, 23 from upper class and only 8 belonged to upper lower class.

When asked their opinion regarding compulsory rural postings 84 were against, 2 were in favour while 14 were undecided. But, when asked if a postgraduate seat were assured would they be willing to work in PHC's 74 said yes while 26 still refused to work in PHC's. While 80% agreed that it would be beneficial for rural people only 13% thought that it would be beneficial for doctors as well.

Table 1

	F value	P value
Urban/Rural	0.272	0.603
Socio economic status	1.073	0.394
Caste	0.640	0.635
Profession of Parent	1.167	0.308

Table 1 shows the results obtained by using Friedman's one way ANOVA. Variation in opinion regarding compulsory rural posting with place of residence, different socio economic strata, caste & profession of parent was not statistically significant.

Figure 1

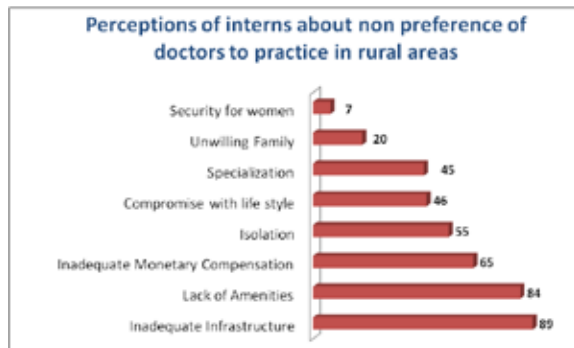


Figure 1 shows the perceived reasons for which doctors do not wish to practice in rural areas.

When asked if they felt that they could manage patients on their own, 66% replied in negative. Seventy three percent felt that the training and clinical exposure in the rural area during MBBS was inadequate to 'manage' the PHC on their own.

When asked what they wanted to do after graduation, 83% said they wanted to go for MD or MS degrees, 6% wanted to go abroad for further studies, 5% prepared for administrative services, 1 each wanted to be an MO and General practitioner and 4% were not sure what they wanted to do.

When asked for the steps that were needed to be taken to increase the willingness of doctors to work in rural areas, 80% said that improvement in infrastructure was needed, 68% demanded better salaries while 30% wanted better facilities for family stay.

Verbatim:

During focused group discussion responses of students were noted verbatim. They shed some light over what the students feel.

"A Happy doctor will work better as compared to one who is forced."

"MO's do nothing just become cough, cold, fever doctors & refer rest to higher centers."

"In current scenario MBBS students not trained to act independently. MBBS curriculum must empower students to make decisions and manage patients instead of focusing on rote learning."

Discussion:

The results clearly show that most students are not willing for a compulsory rural posting. They have given many valid reasons for this stance. The authorities need to assess these reasons before taking any hasty action which is counterproductive.

The authors suggest that changes need to be made in the undergraduate as well as postgraduate curriculum to expose the students to a more independent clinical decision making in real world scenarios. Basics of Health Administration also

need to be incorporated in syllabus. The public health approach has to be emphasized while teaching them patient care.

Strengthening of Rural Hospitals is an important step that can be taken instead of sending doctors to resource starved PHC's. Specialists, Resident doctors and interns can be posted in rural hospitals where they can be taught how to provide quality health care in rural settings.

Improving chain of referral services from PHCs to CHCs or rural hospitals would further reduce burden on tertiary health centers in cities. All these systems need to be in place if rural healthcare is to improve in India.

Conclusion:

Most students are against compulsory rural service. Students were willing to serve in RH or PHC after PG. No difference in opinion among students from rural & urban areas was found.

Lack of confidence to manage patients after MBBS, lack of proper infrastructure, lack of amenities in rural areas, lack of money, isolation from peers, inability to grow as a professionals, exclusive interest in specialization, compromise with lifestyle, security issues, lack of facilities for family, language barriers were reported as causes.

If the policy of rural posting is to be mainstreamed there has to be a consensus of all stakeholders.

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