Background

India’s one billion plus strong population presents huge health care needs. At a glance, we seem to be doing well with more than 300,000 medical colleges churning out 30,000 odd medical graduates in a year, but sadly, there is no standardization of medical education across the country. The majority (two-thirds) of these graduating doctors do not get into a Post-Graduation course and they opt for General Practice (individually or in corporate setups) or join the Government Primary Health Centers. At present, there are 250,000 doctors in India who identify themselves to be in this category. However, there is a grave mismatch in the distribution and population based representation of these doctors. The majority (73%) of India’s rural population is catered by a minority (20%) of these doctors, while a vast majority (80%) of the doctors is concentrated in cities, where a little more than a fifth (27%) of the population lives. In the urban scenario, one observes a specialist culture where if a patient has a simple ailment like headache, he or she visits a neurologist and then gets referred to various specialists to sort out his/her headache and each specialist orders a battery of investigations escalating the health costs enormously, for the individuals and the healthcare system. But in a rural scenario, there is no access to care for basic healthcare needs and the referrals to hospitals which are located at far away places, have resulted in increased morbidity and mortality. In both the scenarios, outcomes can be a lot better, if we have multi-competent specialists; who can provide a single-window, holistic healthcare to communities they cater to.

In the public sector, presently there is an arrangement for a...
This course gives a unique opportunity for private and government doctors, who have no access to post graduate education, to earn credit for a course equivalent to other specialties. Also, it is an opportunity for them to update their knowledge and skills right at their door steps. This “refer less, resolve more” initiative is designed to help them gain confidence and competency to handle most patients by themselves. Course components include 75 problem-based modules written in self-learning format. The students also submit assignments, logbooks, project-work, and attend three 10-day contact programs (total 30 days). They also have optional of electives in skills training and have to pass two theory as well as practical exams to earn the diploma.

Structured training is imparted at selected secondary level hospitals (10 centers across the country), where family medicine principles are practiced on a daily basis and also where holistic and ethical care can be demonstrated [Figure 1]. The learning is facilitated by national and international family physicians, who visit to these centers. The training program is supplemented by video-lectures by the expert faculty as well as live video-conferencing sessions [Figure 2] to clarify any doubts. These contact programs have become platforms for change as they include (1) Ethical Group Discussions, (2) Rational Prescribing Exercises, (3) Consultation skill role-plays, (4) Family Medicine Principles application exercises, (5) Inputs on global Family Medicine scenario through international faculty; (6) Practical demonstration of compassionate, cost-effective, high-quality care, and (7) Motivational sessions focused on attitude change. All these training modules have resulted in desirable changes in the practice of the participant doctors and have helped them develop a vision.

The Impact

The course impacted the GPs in a way that it helped them study and update themselves with latest knowledge in the field of clinical medicine, use simple algorithms to reach proper diagnoses, write rational prescriptions, introduce ethical principles into their practice, confidently handle patients whom they were referring earlier and shift gear from the “commercial” focus to the “care” focus. So, there was transformation was visible in three broad spheres: professional, ethics and values, and culture of patient care.

The course was first offered in 2006 and since then it has been accommodating 200 private practitioners each year. Encouraged by the impact of the course, the Government of Tamil Nadu (TNHSP) offered sponsorship for doctor posted at primary health centers—45 doctors per year. Following this, the National Rural Health Mission (NRHM) has shown keen interest in PHC (primary health center) doctors in eight backward north Indian states to be trained in family medicine and sponsors 150 doctors per year. The MGIMS (Mahatma Gandhi Institute for Medical Sciences, Sewagram) has signed a MOU to run this program in three northern states. So far, 942 private practitioners [Table 1] and 177 government doctors [Table 2] have been enrolled and at present and the total yearly enrollment has gone up to 500 per year. The various collaborations and contact centers are portrayed in Figures 3 and 4.
Table 1: Number of general practitioners enrolled

| Year | ODC | CMC | Chennai | Kerala | AP | Hyd'bad | B'lore | North Zone | East Zone | Foreign students | Total |
|------|-----|-----|---------|--------|----|---------|--------|------------|-----------|----------------|-------|
| 2006 | 25  | 29  | 32      | 17     | 15 | 15      | 30     | 19         | 10        | 19            | 4     | 196   |
| 2008 | 8   | 20  | 15      | 25     | 19 | 30      | 25     | 28         | 10        | 5             | 180   |
| 2009 | 10  | 20  | 7       | 11     | 11 | 14      | 20     | 22         | 8         | 6             | 123   |
| 2010 | 13  | 27  | 21      | 24     | 21 | 27      | 26     | 19         | 24        | 9             | 202   |
| 2011 | 17  | 27  | 50      | 25     | 25 | 26      | 25     | 26         | 20        | 12            | 241   |
| Total| 73  | 123 | 125     | 102    | 91 | 127     | 115    | 105        | 81        | 36            | 942   |

ODC: Oddanchatram; CMC: Christian Medical College, Vellore; AP: Andhra Pradesh

Table 2: Number of government doctors enrolled

| Year | Tamil Nadu | Chattisgarh | Bihar | Orissa | Uttarkhand | MP | UP | Rajasthan | Total |
|------|------------|-------------|-------|--------|------------|----|----|-----------|-------|
| 2008 | 45         | 28          | 13    | 41     | 26         | 20 | *  | *         | 46    |
| 2009 | 45         |             |       |        |            |    |    |           | 45    |
| 2010 | 28         | 10          | 41    | 26     | 20         | 20 |    | 5         | 46    |
| 2011 | 26         | 20          | 39    | 20     | 5          |    |    |           | 46    |
| Total| 90         | 28          | 39    | 20     | 5          |    |    | 5         | 177   |

*MOU being signed; MP: Madhya Pradesh; UP: Uttar Pradesh

Figure 1: Contact program - consultation skills development session in progress

Figure 2: Video-conferencing session in progress

Figure 3: Present courses for doctors and collaborations

Figure 4: Centers for face-to-face sessions
Also, students from African countries and the middle east have started enrolling in the program. As the international students have visited India thrice during the contact programs, collaboration is being worked out with African countries to start a contact center in the respective countries. The program also has a resourceful and enthusiastic team of international faculty from the US, UK, and Australia who periodically visits and coordinates the contact programs at the various centers in the country. A masters level program in family medicine course which incorporates distance learning with 3 months of residential skills training is in the offing.

Other Areas of Focus

The other areas of focus are: E-learning, Primary care Research, Skills Lab, Student support, and CMEs.

Other initiatives to promote primary care

For young graduates
Integrated Post-Graduate Diploma in Family medicine (IPGDFM). – On the job training in more skill based family practice. Candidates are rigorously trained in family medicine principles and are expected to become strong advocates of the family medicine discipline. Number of enrollment is 70/year.

For family physicians
Distance Fellowship in Diabetes Management (DFID) – 100 students/year to facilitate holistic integrated cost-effective diabetes management at community level.

For medical students in clinical years
Supplementary education for medical students (SEMS) – 200 students/year, exposing students early-on to problem-based learning and family medicine principles.[13]

For health workers
Community Lay-leaders Health Training Certificate (CLHTC) Program – 200 students/year. Health worker training, trainees are be linked to family physicians to give community – based care.

Summary

Building a critical pool of trained family physicians in the country by raising standards of care, good primary care research and publications, uniting multiple individual efforts in the country under one umbrella; policy level changes like accreditation, incentives, and cadre positions, will all go a long way in elevating family medicine to the most-sought after specialty in the country. The path may be long and challenging….but we can make a difference…!

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