

To
Dr Harshvardhan
Honorable Minister of Health and Family Welfare
Nirman Bhavan New Delhi

Re; News report in Tribune dt 19-07-2014 "Govt to review 3.5 yr course for village health officers".

Sir

Medicos Legal Action Group comprises of Allopathic Doctors from all over the country who engage with the Government legally on issues which effect medical education, training and practice. We wish to work with the new Government on various health related issues.

Unfortunately the previous UPA Government had an agenda to destroy established modern medical institutions, gather all power in hands of health ministry and issue dictats , orders without so much as a consultative process. No thought was given as to what the effect of such orders and hastily passed laws would have on the health of the nation. One of the prime examples of some such fool hardy decisions was BSc Community Health. Reasons touted for bringing in the course ranged from less than 1/2000 ratio of doctors to population, reluctance of MBBS doctors to go to villages etc.

Our opposition to the BSc CH course is for multiple reasons. The basic premise that doctors do not go to rural areas is faulty. We have conducted surveys among MBBS doctors on this issue and have a favourable response from more than 500 doctors surveyed subject to condition they were paid regular salary plus hardship allowance. We have approximately 120 cr population. At 1 doctor per 1000 population we should have 12 lac doctors. Around 7 lacs allopathic doctors exist in the country today. Even if 50% should be in Government service and 50% in private sector around 3.5 lac doctors should be in government service. Mr Azad had graciously provided for 31867 sanctioned posts of MBBS doctors in Primary Health Centers. Of these only 2489 posts were vacant. The previous Government did not increase this number either by building more infrastructure or of hiring more MBBS doctors. There is rampant unemployment, underemployment and disenchantment among fresh

MBBS doctors which is why many are forced to leave the country and even work as taxi drivers, carpenters and do other menial tasks in western countries. If respectable jobs were available to them why would they opt for such humiliation. With 45000 MBBS doctors being produced every year and only 31000 posts for them all over the country in Primary health centres out of which less than 3000 are vacant the rural health situation is unlikely to change.

It is repeatedly brought up that India has 1 doctor for 2000 population. This figure is taken from the MCI data. Are our Ayurvedic and other AYUSH colleagues not doctors. As per figures from Central Council for Indian Medicine data there are another 7 lac qualified doctors who can practice Indian systems of medicine. If we

include them the number of authorized medical practitioners doubles and consequently the doctor to population ratio will come down to 1/1000 which is well within standards prescribed by WHO. Hence there is no dearth of doctors in India so no reason to add another category of "Rural Doctors".

Another aspect is rampant misuse of modern medicine by quacks, qualified AYUSH doctors, nurses, ANMs, pharmacists and even chemists. This has resulted to a large extent to the problem of antibiotic resistance and diseases like MDRTB. Adding another category of medical practitioners into this already deadly mix is not going to ease matters. There is very poor compliance of existing laws of quackery. Even Supreme court judgments on the subject are ignored blatantly on the ground and sometimes even promoted by State Governments. Expecting BSc CH graduates to restrict themselves to basic care is impossible to monitor and control.

It is a myth perpetrated by the previous Government that MBBS doctors do not go to villages, problem is that MBBS doctors who wish to go to villages are not given jobs which are few and those are also garnered by beneficiaries to reservation or by those who can manipulate the system. Neither of them are likely to actually work in rural area. With Government doctors employed in State Medical Services are concentrated in cities due to efforts of "posting Mafia" it is no wonder that a dearth of doctors is felt in villages.

The previous Government tried all tricks to get MBBS doctors to work for FREE in rural areas. It brought on the idea of BSc CH to threaten MBBS doctors with another cadre of medical practitioners so that the MBBS doctor can be forced to work for a pittance which is thrown at him in terms of salary / stipend / facility in far flung areas so that on paper Government can claim development. Issue has always been lack of government's resolve to improve health infrastructure and manpower. Punjab Government did not recruit doctors in Punjab Civil Medical Services (doctors who work in rural dispensaries and Community Health Centers) for 8 yrs in succession. Same is the situation in other states. Problem is and has always been the poor budgetary allocation to health in our country.

We have a question to ask Why another cadre is needed if we do not want them to be "doctors" ?. We already have trained pharmacists and nurses working in PHCs and Subsidiary health centres all over the country and this workforce could be given enhanced skill training in increased numbers to do what new BSc CH graduates would do.

Primary medical care is the domain of an MBBS graduate. He is not a cardiologist, neurologist, gynaecologist, surgeon or paediatrician. If an MBBS doctors job profile privileges and duties are to be the same as that of a BSc CH why then have such stringent MCI norms for MBBS colleges. Why not treat them at par with district hospitals which are supposed to train BSc CH. And why 5 ½ yr then for MBBS. Why should MBBS course also not be shortened to 3 ½ years. Unleashing partially trained and half baked "doctors" on "rural" population is inherently violative of

Article 14 of the constitution which provides for protection against discrimination. Our rural population is definitely not savvy enough to differentiate between multiple types of doctors being let loose on them.

Problem has never been from our side regarding starting BSc Community Health per se. The problem is why it has to be approved by MCI, the body which was created to approve MBBS course and post graduations thereafter. Why can this cadre not be approved by nursing council or other paramedical councils. Or why can a new council not be set up for this cadre. The answer lies again in the threat to MBBS doctors to accept pittance or else the Government will create a cadre which will accept their pittance. If MCI can still not register these graduates due to provisions of Indian Medical Council Act, the previous Government had a backup plan to rope in National Board of Examinations the other body for registration of postgraduate medical qualifications (after MBBS) to do its bidding.

Politicians have zeroed in on medical education in our country to be a cash cow. Nearly all private medical colleges in our country are either owned or supported by top politicians. MCI approval for MBBS has been a hurdle and with “rural doctor” tag the private medical college owners wish to encash on a new “degree” which they will be able to sell to the highest bidder. The value of the degree will increase if it is approved by MCI or NBE.

There is also the issue of how one study by Krishna Rao is sufficient to change the entire medical education and primary healthcare system in the country. Any scientific study needs to be validated by peer reviews and similar studies done in other parts of the country and world. Also the Chattisgarh model has not entered the Community Health workers to have their names included in State Medical Register meant for MBBS Doctors. Nurses and Pharmacists have been the backbone of any rural dispensary and it is they who need to be strengthened rather than a new cadre be created. And if it has to be created then it should be registered with independent council or under Ayush / nursing /paramedical councils but not under MCI or NBE. I on behalf of all our members request you to shelve the idea of a shortened medical course for rural health officers.

Dr Neeraj Nagpal
Convenor, Medicos Legal Action Group