

ENHANCING EDUCATION AND PRACTICE

Need for Strengthening of Internship (Rotatory Housemanship) Training in India

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ABSTRACT **Introduction:** *Internship is a problematic phase in the training of doctors in India. At the end of their one-year Internship, students are not formally examined for proficiency, rarely a student is not given a satisfactory completion certificate and training is sometimes not supervised. Students are required to spend three months of this Internship in Primary Health Centres at rural postings. During this period the students often prepare for the written exams that would allow them to pursue post-graduate studies.*

Method: *In a personal reflection, this situation is described in the current article. The author suggests several approaches to improve this unwanted situation, so that the rural postings could be taken more seriously by the students.*

Outcomes: *Suggestions range from a post-internship examination, via the introduction of compulsory rural postings after graduation to an increase of the avenues for post-graduate training to include a course in family medicine and general practice.*

Conclusions: *The objective of providing excellent training during internship periods cannot be achieved unless interns actively participate. If the current situation does not change, for example according to the suggested solutions, this valuable component of medical training will remain problematic, thereby hindering the optimal preparation of doctors for the entire spectrum of necessary health care in India.*

KEYWORDS *Internship, strengthening, clinical skills.*

Introduction

Recent international reports and articles such as “Doctors for Health—a WHO Global Strategy For Changing Medical Education And Medical Practice For

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Health For All” (World Health Organization, 1996) and “Changing Medical Education—An Agenda For Action” (World Health Organization, 1991) aptly bring out the pivotal role played by doctors in context of health care provision and the need for their appropriate training. The concept of a “five-star doctor” (World Health Organization, 1996), who possesses excellent skills as a care provider, decision maker, communicator, community leader and manager, has been well mooted. One of the related questions posed is “Do schools contribute to improving people’s health as much as they potentially can?” (Boelen, 2001). Various countries are striving to reform their medical education by addressing such questions and criteria. The present article discusses a problematic phase of the training of doctors in India, namely internship.

Medical Training

In India the basic medical training is spread over a five and one-half year period. This consists of a four and one-half year period of classroom and clinic-based studies, divided into three phases. This is followed by one year of internship or rotatory housemanship. In the first phase of one year duration, preclinical subjects, i.e. human anatomy, physiology and biochemistry, are taught along with introduction to community medicine. During the second phase of 18 months, paraclinical subjects, i.e. pathology, pharmacology, microbiology and forensic medicine, are taught along with community medicine and some clinical lectures and postings. During the third phase of two years, teaching of medicine and its allied specialities, surgery and its allied specialities, obstetrics and gynaecology and community medicine is done (Medical Council of India, 1997).

A medical student has to pass an examination at the end of each phase. Various medical colleges conduct these examinations separately under the supervision of their affiliated University, although the medical curriculum is regulated by the Medical Council of India. Upon passing all of these examinations a temporary registration certificate is issued by the Medical Council of India.

Internship (Rotatory Housemanship)

Upon issuance of the temporary registration certificate, the students take one year of supervised training called internship or rotatory housemanship. During this period, the interns undergo rotation in various medical and surgical specialities, including a three month posting at a rural primary health centre (Jayawickramarajah, 2001). The interns participate in round the clock duties (Simon, 1992), making this period crucial for the acquisition of skills and hands

on experience, that are a requirement for graduation as doctors. This one year training has been planned with a view to train them for their future roles as doctors and as medical officers of government run primary health centres. Thus, they are posted to outpatient clinics, inpatient wards, emergency clinics, etc. The specific objectives of the internship training program have been defined by the Medical Council of India for each speciality.

However, the students are not formally examined for proficiency of their acquired skills at the end of this one-year period. The interns have to produce certificates from various departments stating satisfactory completion of training. To obtain a satisfactory completion certificate, they have to obtain a minimum score of three out of a total of five points. This score is given based on a few broad questions. It is rare to hear of an intern not being given a satisfactory completion certificate and asked to repeat a part of the posting. This scoring system is a recent amendment by the Medical Council of India.

The problem is compounded because at times some departments are not geared to satisfactorily monitor and regulate the internship training program since they are occupied with the post-graduate (PG) training program (Simon, 1989; Vaidya, 1992). In some states interns are posted at district level hospitals where they pursue unsupervised training just to obtain necessary certificates (Lal, 1999). After obtaining these certificates, the interns are given permanent registration by the Medical Council of India. They are now graduate medical doctors and are allowed to practice medicine and surgery in India.

Rural Posting

Interns spend three months of the internship at a rurally located Primary Health Centre. The three month rural posting gives them good exposure to the problems of rural areas, a preliminary idea of the handling of primary health centres and a way to remove their fear of working in rural areas (Lal, 1999). This is crucial as many students come from urban areas and do not have any rural orientation.

The needs of the community and rural medical practice should be conveyed more effectively to the students (Simon, 1989; Singh, 1997). This does not happen in the large town settings where invariably the medical schools are located (Simon, 1989). Exposure to a well planned rural posting could also result in decreased pressure for specializing by motivating some of the graduate doctors to work in the rural areas. Currently our medical facilities including doctors are heavily concentrated in urban areas.

This rural posting is very important according to educationalists (Bhaumik, 1990; Dutta, 1998; Simon, 1989; Simon, 1992; Vaidya, 1992), government spokesmen and various groups (Mankad, 1991) and committees, such as the Srivastava Committee (Ministry of Health and Family Welfare, 1975), which

initiated the Reorientation of Medical Education scheme in India in 1977. Paradoxically, this seemingly ideal phase of training is one of the most problematic periods of medical training and needs to be addressed (Simon, 1989). Unfortunately, the majority of interns do not actively participate in the internship period because in many states of India, the graduate medical doctors have to take a written examination for pursuance of post-graduate studies (Simon, 1992; Lal, 1999; Chaturvedi & Aggarwal, 2001). The numbers of positions available for post-graduation training programs, i.e specialization in any of the medical or surgical branches, are few compared to the number of passing medical graduates.

Pursuance of post-graduation training, i.e. specializing, is a priority for passing medical graduates because of the prestige and earning potential associated with it. The consulting fees and pay packets of specialists are routinely higher than general practitioners.

Problem of Internship

Many students do not take internship period seriously but would rather study for their pre-PG examination (Simon, 1992; Lal, 1999; Chaturvedi & Aggarwal, 2001). Some of them succeed after one or more attempts. However, the limited number of PG seats ensures that majority of doctors remain as basic medical graduates. It has been aptly stated that internship is one of the weakest links of the teaching program. In fact internship is considered by some as a vacation period or paid holidays (Lal, 1999). Thus, there is an urgent need for reshaping and planning this phase of education (Simon, 1989, 1992).

Graduating doctors enter into medical practice as private entrepreneurs, on salaried posts or proceed for specialization studies. This practice has grave consequences for doctors, whether generalists, i.e. basic medical graduates or whether specialists, as they have largely missed out on the basic crucial training component of internship. I feel that there is a need to ensure that interns take this training period seriously. How can we best address this crucial issue?

Possible Solutions

One of the suggestions is the introduction of a post-internship examination for certification before permanent registration by the Medical Council of India (Vaidya, 1992) or strict enforcement of the scoring system of internship by the training department. Another suggestion is for medical graduates to undergo compulsory rural postings, usually of a duration of two years or more after graduating, in order to become eligible to compete for admission to post-graduate courses (Dutta, 1998). The implementation of both of these suggestions may ensure that interns pay attention to the internship training

period. The latter suggestion may lead to a furthering in their settling down period and could be resisted by medical students and junior doctors. However, both of these suggestions bypass the root cause of the problem, the need to study during the internship period to succeed in the theoretical examination for entry to post-graduate or specialist courses.

Alternatively we could hold the common theoretical first, second and third professional examinations simultaneously for all of the medical colleges in India and admit students for post-graduate studies based on the scores obtained in these examinations. This can eliminate the need for pre-PG examination and thus students could pay attention to their training during internship period.

Another approach could be to increase the avenues for post-graduation training. In addition to post-graduation studies offered by medical schools, we also have a parallel nation-wide system of pursuance of post-graduate studies known as the Diplomate of National Board (DNB). These qualifications are also recognized by the Medical Council of India as equal to those offered by medical schools. Although only a few institutions are currently accredited for these courses, some mechanisms could be worked out to increase their intake. With government assistance it could be possible to expand the DNB system into a national mechanism that covers various hospitals including the rurally located primary health centres. This could be like the British General Practice system. This would logically require strengthening of the academic facilities at the primary health centres to equip them to serve as training centres for post graduate studies. The medical officers could also be posted to bigger hospitals to complete specialized parts of their required trainings. Such a scheme could serve as an incentive for doctors to serve in rural areas.

Within the framework of primary health care, there is a possibility to introduce a post-graduate course in family medicine and general practice. Such a course could decrease the pressure on other post-graduate courses and simultaneously lead to an improvement in the capabilities of doctors. I see no reason to deny all those doctors wishing to pursue an entry into family medicine and general practice post-graduation, particularly if they are willing to work and study. The development of family medicine as a speciality would help attain the goals of primary health care. It would also meet the needs of basic medical graduates to specialize and resolve the criticism of overproduction of specialists at the cost of primary health care (Dutta, 1998).

We could also contemplate introduction of a combination of these measures simultaneously. In addition, the contents of the internship training program also need to be constantly reviewed and tailored to meet the concept of a "five-star doctor". Among the various postings during the internship period, a particularly weak segment is the rural posting period. This posting at primary health centres is not under the administrative control of medical schools, and they are often ill equipped to meet the training needs of medical students.

Conclusion

In conclusion, the objective of providing an excellent training during internship period cannot be achieved unless the interns actively participate in their scheduled activities. There is an urgent need to remove various obstacles hindering the active participation of interns. This is necessary to improve the training of our graduating doctors and to make it more responsive to meeting the community needs (Rangan & Uplekar, 1993) as well as to address the growing concerns over the quality of undergraduate medical education in India (Kacker & Adkoli, 1993). The need for improving the internship training has been known by educationalists for decades, and it is high time for India to give some serious thoughts to this valuable component of medical training.

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