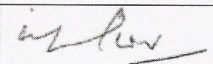
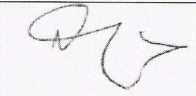
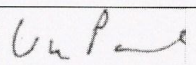
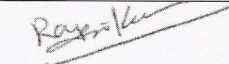
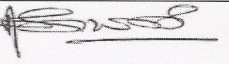
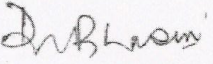
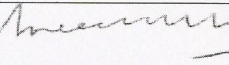
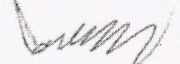
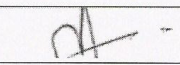
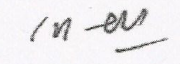
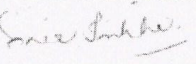


Report of
Task Group on Health and Medical Education of
Punjab Governance Reforms Commission for
Improving the Standards of
Medical Education in the State of Punjab

January 2013

**Task Group on Health and Medical Education
of Punjab Governance Reforms Commission
for
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Report I

Prof. K. K. Talwar, Chairman, Medical Council of India	Chairperson	
Ms. Vini Mahajan, IAS, Principal Secretary to Government of Punjab, Department of Health & Family Welfare, Punjab	Member Secretary	
Ms. Anjali Bhawra, IAS, Secretary to Government of Punjab, Department of Medical Education and Research	Member	O.L.
Dr. V. K. Paul, Prof & Head, Department of Pediatrics, AIIMS, New Delhi	Member	
Dr. Rajesh Kumar, Prof. & Head, School of Public Health, PGIMER, Chandigarh	Member	
Dr. Ajit Avasthi, Professor, Department of Psychiatry, PGIMER, Chandigarh	Member	
Dr. Deepak Bhasin, Professor, Department of Gastroenterology, PGIMER, Chandigarh	Member	
Dr. Meenu Singh, Professor, Department of Pediatrics, PGIMER, Chandigarh	Member	
Dr. Ravi Gupta, Professor, Department of Orthopedics, Government Medical College, Chandigarh	Member	
Dr. Satwant Bhalla, PCMS (Retd)	Member	
Dr. Gajender K. Dewan, Dy. Medical Supdt. Government Multi Specialty Hospital, Chandigarh	Member	
Dr. Sonia Trikha Khullar Health Specialist UNICEF India, New Delhi	Member	

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Constitution of the Task Force

With the objective of appraising and improving the standards of Health Care and Medical Education in the State of Punjab, Punjab Governance Reforms Commission (PGRC) vide no. 4/1/2012-2GR2/98 dt 13.06.2012 constituted a Task Group on Health and Medical Education with the following members:

Prof. K. K. Talwar, Chairman, Medical Council of India	Chairperson
Ms. Vini Mahajan, IAS, Principal Secretary to Government of Punjab, Department of Health & Family Welfare, Punjab	Member Secretary
Ms. Anjali Bhawra, IAS, Secretary to Government of Punjab, Department of Medical Education and Research	Member
Dr. V. K. Paul, Prof & Head, Department of Pediatrics, AIIMS, New Delhi	Member
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Dr. Sonia Trikha Khullar Health Specialist UNICEF India, New Delhi	Member

The following were special invitees to the meetings of the Task Group and provided valuable inputs in the deliberations of the Task Group:

Ms. Raji P. Shrivastava, Secretary Health/ Managing Director Punjab Health System Corporation.
Dr. S.S. Gill Vice-Chancellor, Baba Farid University of Health Sciences, Faridkot
Dr. Ashok Nayyar, Director, Health Services, Punjab
Dr. A. S. Thind, Director, Medical Education and Research, Punjab
Dr. S. K. Jindal, Prof & Head, Department of Pulmonary Medicine, PGIMER, Chandigarh.
Dr. J.S. Thakur, Additional Professor, School of Public Health, PGIMER, Chandigarh.

Acknowledgment

It is my privilege to express my deep gratitude to Prof. K K Talwar, Chairman, Medical Council of India for his dynamic leadership of the Task Group on 'Health & Medical Education' at every step.

I would also like to place on record my gratitude to all those who shared their thoughts and ideas with us - professionals, academicians, researchers, and officials, particularly those working at the cutting edge. Their views and experiences helped us understand the complexity of the issues being faced in the health and medical education sector. We have tried our best to reflect in this report their hopes and aspirations. Such persons are far too many to name individually. Our special thanks to the PGIMER Chandigarh which provided the technical support. I am especially thankful to Dr. Ajit Avasthi, Professor, Department of Psychiatry, PGIMER, Chandigarh, Dr. Deepak Bhasin, Professor, Department of Gastroenterology, PGIMER, Chandigarh, Dr. S. K. Jindal, Prof & Head, Department of Pulmonary Medicine, PGIMER, Chandigarh, and Dr. Meenu Singh, Professor, Department of Pediatrics, PGIMER, Chandigarh for taking stock of the conditions in Government Medical Colleges in Punjab.

I would like to thank all the contributors, reviewers and researchers. Their inputs were invaluable and helped form the basis of the Report. In particular, Dr Navpreet, SR, PGIMER provided invaluable support in the working of the Group.

Ms Vini Mahajan, IAS
Principal Secretary to Government of Punjab,
Department of Health & Family Welfare, Punjab.

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Executive Summary

The Punjab Governance Reforms Commission set up a Task Group under the chairmanship of Prof. K K Talwar to review the effectiveness of medical education and care currently being imparted in the government medical colleges, and also to explore the training opportunities and capacity building of the health professionals serving these institutes.

The Task Group met on a number of occasions to appraise and discuss the problems and inadequacies being faced by these medical institutions and deliberated on the required steps to overcome the same. Some members of the Task Group visited the government medical colleges at Amritsar and Patiala to take stock of the ground realities and also interacted with some of the faculty and students of these colleges. This helped the Task Group to formulate the set of recommendations for improving the academic standards and patient care facilities at these government medical colleges.

The recommendations of the Task Group cover aspects relating to faculty, teaching and training, as well as infrastructure. Some of the measures suggested can and should be taken at the level of the Medical College itself, while others are required to be taken by the state government. While clearly identifying these, the Group has also indicated which measures should be taken immediately, while others would involve a longer term effort.

It is hoped that acceptance of these Recommendations will help to improve the motivation and competence of medical teachers, to better the academic teaching and programmes, to upgrade the facilities required for state of the art medical care, and to make better infrastructural facilities available.

A. INTRODUCTION

Punjab is among prosperous states in India with its health indicators better than many other states and the national average. It ranks as third state in birth rate (16.2 per 1000 population) and ninth in death rate (6.8 per 1000 population). The infant mortality rate is 30 per 1000 live births which places it at fifth rank. It has maternal mortality rate of 172 per 100000 live births. However, there is a lot which still needs to be improved and this can be achieved through a multipronged strategy which should include building-up the capacity and competence of health care professionals.

Medical Colleges play an important role in the training and development of health care professionals, besides providing the much needed tertiary level medical care. The Government Medical Colleges in the State have been the major tertiary level medical care providers and have produced highly competent doctors and medical scientists. However, a need has been felt to maintain the high standards set in the past and to further improve the quality of medical education and patient care in the government run medical institutions of the State.

Government Medical Colleges in Punjab work under the administrative control of the Department of Medical Education & Research, Government of Punjab. Headed by a Minister of cabinet rank, the Department has an Administrative Secretary and subordinate functionaries. The Directorate of Research & Medical Education was established in the Year 1973 by bifurcating the Directorate of Health Services. The main function of this Directorate is to facilitate development of quality medical facilities in Government and

Private medical institutions and to provide for high quality medical and paramedical manpower in the region.

Hospitals attached to the Medical colleges cater not only to the health and family welfare needs of the adjoining areas but also cater to the specialized services and as referral hospitals providing secondary and tertiary health care facilities. Special clinics like Diabetic, STD, Leprosy, Antenatal, Family Planning and Well Baby Clinic have also been established in these hospitals for the benefit of the patients. De-addiction Centers have been started in all the State Medical Colleges.

To give impetus to the development of quality medical education, Baba Farid University of Health Sciences was established under B.F.U.H.S. Act 1998. At present, there are 10 medical colleges affiliated to Baba Farid University of Health Sciences. These are Guru Gobind Singh Medical College, Faridkot; Govt. Medical College Amritsar; Govt. Medical College Patiala; Christian Medical College Ludhiana; Dayanand Medical College Ludhiana; Sri Guru Ram Das Institute of Medical Sciences & Research, Amritsar; Adesh Institute of Medical Sciences & Research, Bathinda; Gian Sagar Medical College & Hospital, Patiala; Punjab Institute of Medical Sciences, Jalandhar; and Chintpurni Medical College & Hospital, Pathankot.

Government Medical College at Amritsar is the oldest medical college of the State and among the oldest medical institutions of the northern India. The college is training 150 MBBS graduates every year. Government Medical College at Patiala is the second oldest medical college of the State. It was started in 1953 with the intake of 50 students for MBBS and at present 150 students are admitted every year for the MBBS course.

Guru Gobind Singh Medical College, Faridkot was established in 1973. Since then the college has trained over 50 MBBS doctors every year. Besides MBBS graduates, these institutions train postgraduates (MD/MS) in various disciplines. These Institutions have provided brilliant doctors and medical scientists not only to prestigious institution of India like Postgraduate Institute of Medical Education & Research, Chandigarh and All India Institute of Medical Sciences, New Delhi but also to many other prestigious medical institutes in the world.

In order to keep pace with the advances in medical care and education that is taking place elsewhere and to improve the academic environment of these medical colleges, the Task Group concerned itself with the up-gradation of standards of patient care services and medical education in these institutions. Two sub-groups were constituted, with Dr. Deepak Bhasin, Dr. Ajit Avasthi and Dr. Ravi Gupta visiting Govt. Medical College, Amritsar and Dr. S.K. Jindal and Dr. Meenu Singh visiting Govt. Medical College, Patiala for taking stock of the condition in these medical colleges in terms of the personnel and facilities etc. Academic Committee for Govt. Medical College Amritsar was formed with Dr. Avasthi as Chairman and Dr. Deepak Bhasin and Dr. Ravi Gupta as Members. A meeting of the Academic Committee was held and the group also had discussions with a cross section of faculty members and students of Govt. Medical College Amritsar. Dr. Jindal and Dr. Meenu Singh visited Government Medical College, Patiala for the said purposes and also interacted with a cross section of its faculty members and students. Dr Jindal chaired the meeting of the Academic Committee for Medical College, Patiala.

B. SITUATIONAL ANALYSIS

1. Faculty at Government Medical Colleges

- (i) In the recent past, some senior level faculty members have left government medical colleges and joined private medical colleges. Higher financial remuneration offered by these private sector medical colleges could be a major reason for this attrition. However, working conditions and environment conducive for growth and development can reverse this trend. The faculty at present in government medical colleges felt a need for professional development programmes to improve their skills in the research methodology, writing research papers, teaching skills, etc. The agencies like Indian Council of Medical Research, Department of Science and Technology; and institutes like PGIMER Chandigarh and AIIMS, New Delhi could be requested to conduct professional development programs for the Faculty.
- (ii) Most of the power centered around the Heads of Departments. Other faculty members in the Departments were not consulted sufficient enough to improve training of graduate and postgraduate students; or to improve working conditions of the Departments. A need was felt to hold regular faculty meetings in the Departments for appraisal of needs and development of the Departments.
- (iii) Medical colleges were found facing shortage of Senior Residents. One of the main reasons was considered to be the current practice to recruit Senior Residents from the Punjab Civil Medical Services (PCMS) cadre and that has

created its own set of difficulties. After completion of MD/MS, a PCMS doctor is needed to serve for one year in the parent department before becoming eligible to join Senior Residency. This time gap of one year de-motivates many to pursue Senior Residency. In super-speciality departments, candidates with only postgraduate qualifications (MD/MS) were appointed at some time as faculty members and they have not received till date three-year training in super-specialty. This has created quite an anomalous situation. Medical Council of India has formulated a plan to designate the faculty in medical colleges as per three tier system. However, the faculty positions are placed in multiple tiers in these medical colleges. This affects their relative position vis-à-vis faculty members in medical colleges else where and also affects their promotional and financial prospects.

2. Teaching and Training of Students at Government Medical Colleges

- (i) The information presented during lectures in classes often contains the central concepts of the course. Traditionally, transfer of knowledge via handwritten lecture notes or didactic lectures was an essential element of academic life. Modern learning methods generally incorporate additional activities, e.g. group exercises, group discussions and even student presentations etc. The use of audio-visual aids has changed the format and content of learning sessions. The lectures delivered during theory classes in these medical colleges of the State were didactic, boring and continuous without any break. In addition to regular theory classes, students also need evening bed-side classes/rounds to improve knowledge which is not done at present. The exposure to community-based teaching was also deficient. The medical college requires urban and rural field centers under their administrative control for smoothly conducting community-based training of students and interns.
- (ii) For postgraduate students, the rotation in various departments is required not only to enhance but also to enrich their knowledge and practical skills in various disciplines related to their area of specialization. However, such practice is not followed in these medical colleges. There is an urgent need to appoint Faculty Coordinators for undergraduate and postgraduate studies. A plan of teaching activities and methods for every six months must be prepared in advance for each discipline. Inter departmental collaborations are woefully lacking.

3. Infrastructure at Government Medical Colleges

- (i) Library provides physical or digital access to study material for references or borrowing. It should contain catalogue, books, periodicals, newspapers, journals, computer with internet facility, thesis database etc. In government medical colleges of Punjab, the library infrastructure and facility was found inadequate e.g. the books were old, only limited journals were available, 24 hours services were lacking. The lack of provision of separate annual funds for library is the main reason for such appalling conditions..
- (ii) The infrastructure particularly of hostels and dissection halls also requires attention. The hostel buildings are very old and students often face problems of water and sanitation facilities. The limited number of cadavers force many students to work on single cadaver only which hinders their learning. Alternative methods like computer simulations are very much needed to overcome such shortages. There was lack of critical facilities like clinical photography department, medical education and research cells and even the provision of MRI facility in one of the medical colleges.
- (iii) Telemedicine uses information technology and telecommunication in order to provide clinical health care at a distance. It permits communications between medical personnel and experts with convenience and fidelity, as well as transmission of medical, imaging and health informatics data from one site to another. Telemedicine can be used as a teaching tool by which experienced

medical staff can observe, show and instruct medical staff in another location, more effective or faster examination techniques. The medical colleges in Punjab are linked with district hospitals and PGIMER, Chandigarh via telemedicine. But telemedicine link with PGIMER Chandigarh is underutilized. All the medical colleges have been provided with connectivity through National Knowledge Network which should be used for transmission of teaching sessions and case discussions.

Administration at Government Medical Colleges

- (i) The local administration of medical colleges is carried out by the Principals of respective colleges. The administration of the hospitals attached to medical colleges is under the control of Medical Superintendents. However, for a long time there is no appointment of the regular Principal and Medical Superintendent in these Colleges. There is no sanctioned substantive post of Principal and Vice-Principal. Principals have very limited financial powers. It was told to be pathetically low as Rs. 500/- . The user charges generated in hospitals are sent to State Treasury rather than being utilized for the improvement of facilities and services at medical colleges.

C. RECOMMENDATIONS

The availability of talented medical faculty and bright students in the Government Medical Colleges of Punjab is a cherished desire. Appropriate attention is required to be paid to enhance their knowledge and skills. Administrative support and access to latest technology and gadgetry for optimal patient care is critically needed. In addition effective governance and accountability is also desired to revamp the medical education and services in these medical colleges. There are actions which can be taken at the local level i.e at the level of Medical College Administration itself. However, there are actions which are required at the level of higher State administration. Accordingly, following recommendations are being made to improve the standards and conditions of medical education and patient care at the Government Medical Colleges of the State of Punjab.

At the level of Medical Colleges:

1. To constitute a College Council comprising HODs and 10 senior most Professors of the medical college and this should meet every two months.
2. To constitute Academic Committees and Hospital Management Committees at respective Government Medical Colleges.
3. To take steps to document department wise staff shortages, faculty vacancies and the need to create new posts. The medical college administrations should apprise higher authorities of the need to bridge the gap.
4. To submit proposals for creation of superspecialities with adequate justification for the man power and the equipment.
5. To hold regular faculty meetings in the Departments.
6. To prepare a list of facilities/equipment that is critically required for the optimal functioning of respective Departments and for academic training.

7. To appoint Faculty In-charge/Faculty Coordinator for UG and PG studies and to establish/energize Medical Education Cell at each college.
8. To prepare a plan of teaching activities and methods for six months including schedule for evening teaching and rotation in superspeciality departments and this needs to be appraised at three months interval.
9. To improve medical record keeping for educational and research purposes
10. To constitute Research Cell for facilitating extra mural research, to facilitate inter departmental research collaborations and to provide fora for sharing of research activities of the departments.
11. To hold Annual Convocations of the College for symbolism and identity.
12. Each college should make a mission statement on its vision and core values.

At the level of State:

A. Short term:

1. To have regular appointments for the posts of Principal and Medical Superintendent; and to revive the posts of Vice Principal and Deputy Medical Superintendent.
2. Strengthening/initializing various superspecialities in the medical colleges to meet the demands for specialized medical care and improve the standards..
3. Anomaly created because of appointing MD/MS candidates in superspecialty departments needs to be corrected.
4. To resolve the issue of shortage of Senior Residents by streamlining appointment of fresh eligible candidates and change in quota for PCMS candidates in MD/MS courses and Senior Residency positions.
5. To plan professional development programs for the Faculty emphasizing teaching skills, research methodology etc.

6. To increase the working hours of Govt. Medical Colleges in State after having consultation with faculty.
7. To provide latest technology like MRI/CT scan and other necessary facilities, to ensure effective patient care, and training and research activities .
8. Medical record section should be strengthened.
9. Telemedicine and Tele-education link with PGIMER, Chandigarh (and similar other institutions) should be strengthened for improving patient services and education and training of residents.
10. Library facility should be modernized.
11. User charges should be spent for improving facilities in the college instead of being transferred to central treasury.
12. The financial powers of the Principals and the Medical Superintendents must be enhanced for their optimal functioning of day to day need of the institution.
13. The faculty of medical colleges should be entitled to fellowships, academic allowance, and academic leave for attending conferences etc.
14. There should be a separate provision annually for research funding and attending conferences (one National conference every year and one International conference every two years with active participation such as presenting a paper being the basic requirement).
15. Visiting faculty from other institutions such as institutes of national importance and ICMR institutions should be invited to medical colleges at regular intervals to share their knowledge and experience and mentor the local faculty.

Long term:

1. To have urban and rural field centers under the administrative control of medical colleges for training of students in preventive medicine.
2. Improvements in conditions of hostels for UG and PG students, dissection hall facility, lecture theatres etc.
3. Expansion of UG seats should only be done after adequate infrastructure has been created to meet the demands.
4. In order to improve engineering services in medical colleges and to professionalize procurement, greater synergies should be built with Health department, especially Punjab Health Systems Corporation.
5. It should be strictly enforced that faculty and the staff working in medical colleges do not indulge in private practice.

Conclusion

Implementation of the above recommendations will definitely improve the standards of medical education, research and patient care at the level of Govt. Medical Colleges of Punjab.

This will help not only to create competent health professionals but also provide for State of the Art health care facilities and services for the people of Punjab.