

MCI claims consensus on rural health cadre

Plan to start 300 medical schools; admissions to be district-based

Special Correspondent

NEW DELHI: The Medical Council of India claims that there is a broad consensus on its proposal to create a dedicated cadre of rural health care workers.

The proposal, which the MCI mooted in consultation with the Health and Family Welfare Ministry, was approved at the end of the two-day workshop of stakeholders here on Friday. But with a change in the nomenclature of the degree, from Bachelor of Rural Medicine and Surgery to Bachelor of Rural Health Care (BRHC).

Alternative model

Addressing a press conference after the consultations on what is being described as an alternative or rural model of undergraduate education, MCI President Ketan Desai said the scheme would help to tide over the acute shortage of skilled manpower and re-

- Name of degree changed from Rural Medicine and Surgery to Bachelor of Rural Health Care
- Scheme will help tide over acute shortage in skilled manpower and curb quackery

place rampant quackery with well trained manpower at the grass roots. The existing model was "urban-centric."

The four-year course has to be approved by the Central Health Council, represented by the State Health Ministers, and ratified and implemented by the States, health being a State subject. If approved, the State Medical Councils will have to recognise the course under a separate 'schedule,' through an amendment to the Act.

Mr. Desai said the plan was to start 300 schools to run this course, and preference would be given to districts which did not have medical colleges.

Admissions would be dis-

trict-based as far as possible, but the degree-holders could be asked to serve in any 'notified area' in the State and their services sought in the event of emergencies and natural calamities.

The degree-holders would not be allowed to serve in urban areas. Nor was there any provision at present for their pursuing a postgraduate course. This has been challenged in the Delhi High Court through a public interest litigation petition.

Modular curriculum

The curriculum would be modular, and students would be taught medicine; surgery (for hernia, abdominal pain and appendicitis); obstetrics

and gynaecology; paediatrics; orthopaedics; eye, ear, nose and throat medicine; community medicine and forensic medicine; family medicine; pharmacology; anatomy; physiology; biochemistry; pathology and microbiology.

'Timely and relevant'

A mechanism would be created for updating the curriculum periodically to make BRHC "timely and relevant," Dr. Desai said. It would lay emphasis on national health programmes.

The competencies required of a candidate, on completion of the course, to practise medicine would be spelt out and notified as are the Graduate Medical Education Regulations for MBBS.

The model would initially be implemented on a pilot basis in a few government institutions. If the trial proved a success, it would be extended to the private sector.