

Original Research Article

A Survey to Assess the Effectiveness & Utility of the District Residency Program Implemented for the Resident Doctors

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ABSTRACT

The District Residency Program (DRP) was one of the novel changes introduced by the National Medical Council (NMC) advocating a community centric objective for the post-graduate medical students. A survey was conducted to study the strengths, weaknesses, opportunities & threats to the program. The residents chiefly complained of the logistics, accommodation & the duration of the program. Despite the early implementation issues amongst other challenges, the program might serve as an important learning module & pave the way forward for improving the health services in the developing countries like India where more than 60% of the population has a limited access to the specialized health care facilities.

Keywords: DRP, NHM, NMC, Resident Feedback, SWOT Analysis

INTRODUCTION

The shortfall for human resources in health has resulted in a skewing the distribution of health workers such that the vulnerable population in the rural, tribal & hilly areas continue to be undeserved. Various policies were formulated to address the regional disparities in medical education & the availability of human resources in health, one of which included the setting up of District Medical Colleges in India. Being equipped with the worlds' largest medical education system, India has a surplus of medical graduates every year. To address the unequal distribution of health workers, a policy to establish one medical college in each district was established. However, there is a wide disparity in the quality of medical education at the various centers. The entire medical education in India needs to be aligned to the objective of covering the entire population thereby achieving affordability, accessibility, & availability in health care.

The District Residency Program (DRP) was announced by the National Medical Council (NMC) in 2020 with the objective of serving the community & exposing the postgraduate resident doctors to the District Health Services.¹ The implementation of the program was

disrupted following the Covid-19 pandemic, & hence implemented from 2023. According to The Post Graduate Medical Education Regulations of 2023, every postgraduate student has to work in a district hospital for a period of 3 months.

The main objectives of the program are:

1. To expose the post-graduate student to the District Health System.
2. To acquaint them with the outcomes of the National Health programs at the district level.
3. To orient them to promotive, preventive, curative and rehabilitative services.

In doing so, the post-graduate medical students would also be contributing towards strengthening of services of the District Health System as specialty resident doctors working as members of the district teams.^{1,2}

Although the program was aimed to strengthen the public health system, it suffered from a lack of clarity with respect to its implementation. The program was launched without a prior involvement of the stakeholders. This resulted in a

communication gap between the state government & the medical colleges, along with a lack in coordination between the medical teachers, students & the health care workers.

This survey was conducted on the perception of the post graduate students during the 2nd year of their residency who had completed their DRP postings, as well as the program coordinators at the local, district & the state level at medical colleges in Gujarat.

MATERIALS & METHODS

The main objective of the survey was to analyze the perception of post-graduate students & other stakeholders involved with the DRP Program. A cross-sectional observational study of 3 months duration was conducted amongst the post graduate medical students at Smt. NHL Municipal Medical college using the Google forms. The study participants were selected based on their willingness to participate in the study. Feedback was also taken from the local & district teams dealing with the implementation of the program along with an input from the primary health care workers at the district hospitals via small group discussions & personal interview.

A comparative data analysis was conducted to assess the differences in the aims & objectives of the DRP & the outcomes along with an analysis of the limitations, shortfalls & challenges during implementation, according to the Kirkpatrick’s model using percentage as an indicator. This was followed by formulating recommendations that can be useful to design implementation guidelines in future. Approval from the Institutional Ethics Committee was taken before commencing the study.

RESULTS

After fulfilling the inclusion & exclusion criteria, 57 responses from the students were analyzed. Table-1 shows the distribution of the respondents with respect to age, gender and subject. There was a varied response of the students regarding the awareness of the relevance of the DRP program. 44% of the students were aware that the purpose of DRP was an exposure to the district health services (DHS). However, a large percentage (33%) felt it as a compensation for the shortage of doctors at the district level hospitals (Figure-1). The accommodation & safety issues were of a concern more for the female resident doctors. The other challenges included those related to security, food & cleanliness particularly concerning the female resident doctors (Figure-2).

Some of the residents posted at private multi-specialty hospitals were not provided with any hostel accommodation. More than 50% of the students felt the 3-

month duration of the DRP posting to be longer than required (Figure-3).

Table-1: Demographic distribution of the respondents

Age	25-26 years	27-28 years	> 28 years
Number of participants	21	30	6
Subject	Medicine & allied	Surgery & allied	Diagnostics
Number of participants	20	25	12
Gender	Male	Female	
Number of participants	30	27	

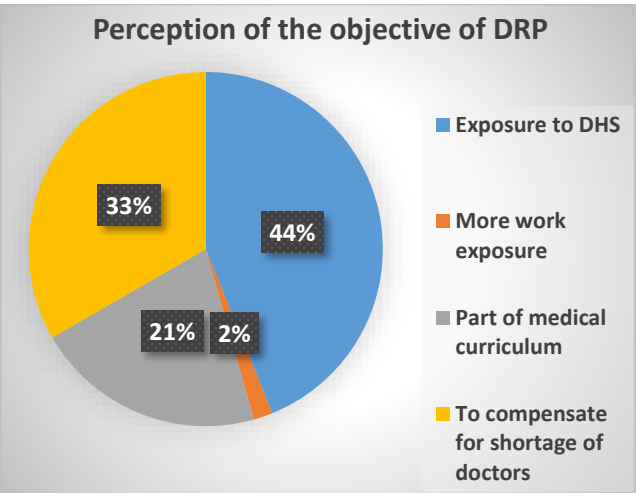


Figure-1: Perception of the relevance (objective) of DRP posting

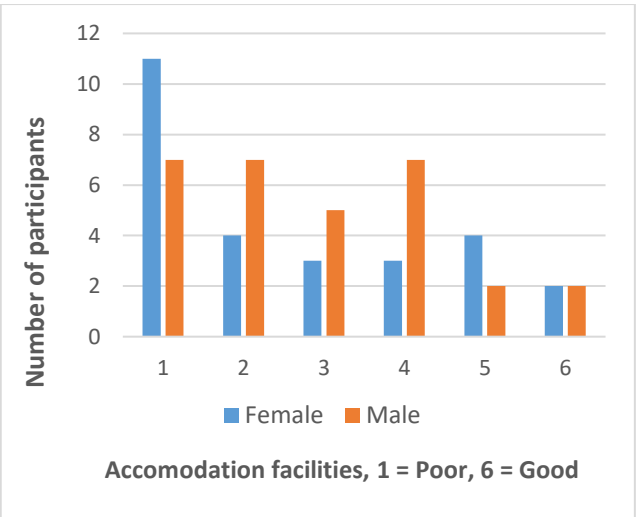


Figure-2: Rating of accommodation facilities (safety & cleanliness) by the respondents

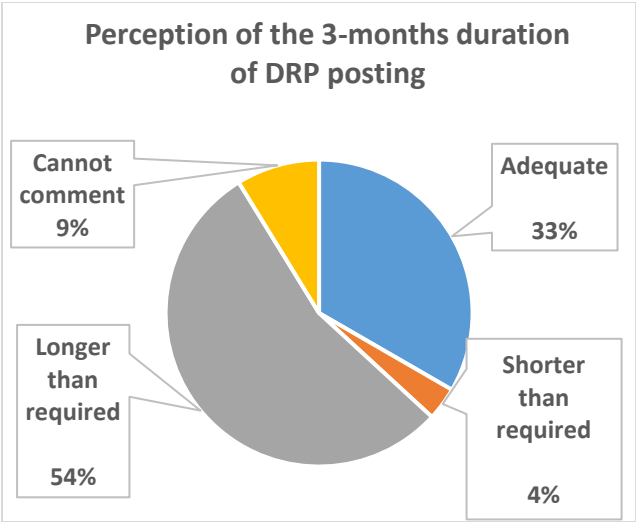


Figure-3: Perception of respondents regarding the 3-months duration of DRP posting

The beneficial aspects of the postings from the student’s perspective were the work exposure, leadership skills, learning environment & skill development in that order (Figure-4).

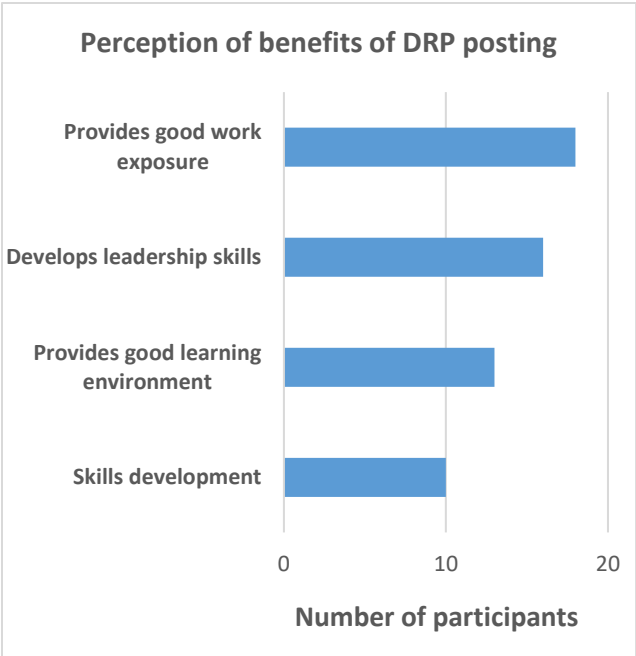


Figure-4: Perception of respondents regarding the benefits of DRP posting

The major concerns as perceived by the students were less workload, less quality work and less academic activities, more so with the surgical branches. The residents reported that they were made to treat all cases with available government drugs without required laboratory investigations. They came across the abusive patients and

uncomfortable working conditions. A poor availability of the branch specific work was more of a concern for the surgical branches (Figure-5).

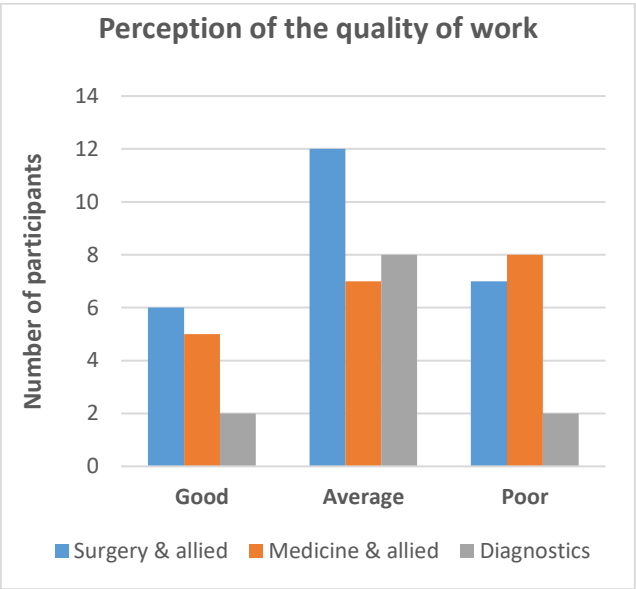


Figure-5: Students’ perception of the quality of subject-specific work during DRP posting

The residents of the clinical branches were faced with the issue of managing a huge number of OPD cases with a lack of knowledge. They felt lack of teaching and less academic activities made them insecure (Figure-6).

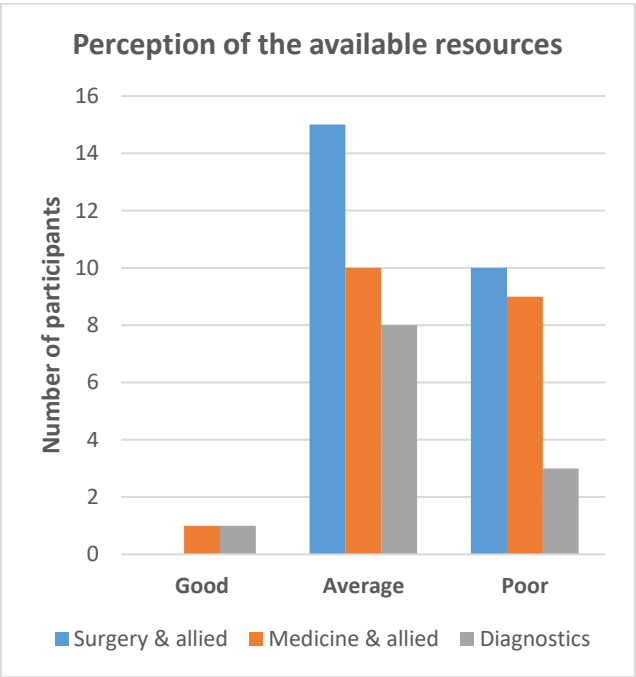


Figure-6: Students’ perception of the available resources during DRP posting

Students were asked to reflect on their DRP posting. While almost half the students felt that the program should be discontinued, about 30% believed that the program could be continued with modifications & smooth implementation. Others suggestions were: shortening the duration of the postings from 3 months to 1 month along with a consideration for a specific allocation of the centers depending on the workflow & improvements in the logistics like the accommodation & safety. Most of the residents felt that a 3-month duration was a long period for DRP posting & there was a feeling of getting detached from the subject & the institute.

The postings were assigned to the private medical colleges with either an apparent shortage of residents or where the PG courses had not been started. Hence, the purpose of exposing the residents to district healthcare facilities was not met. Many of the colleges were to face an NMC inspection so the residents ended up doing the paper work for the same. The positive aspects of the program included a hands-on exposure to the clinical procedures & laboratory work along with an experience of the administrative work. Some of the residents also got an exposure to the HMIS system which was introduced by some of the District Hospitals under the National Health Mission (NHM). The clinical branches were exposed to the patients in the Out Patient Department (OPD) & a hands-on experience in the emergencies & surgeries.

STAKEHOLDERS FEEDBACK

Faculties members of Medical College

The faculty members showed a concern regarding the shortage of training time, as was observed in our study as well. The 3-months of DRP posting bites away time from the crucial 3 years of residency, along with missing out on many important cases during their absence in the medical college, some of which may be rare disorders or surgeries which are only managed at a tertiary level center.

District Residency Program Coordinator (DRPC)

The program coordinators felt that there were initial teething problems which could be overcome by a proper coordination with all the stakeholders. The concerns regarding accommodation, logistics & the allocation of centers depending on the branch requirements will become more regularized for future batches.

DISCUSSION

DRP or the District Residency Program was proposed by the NMC for all the students registered for postgraduate courses, for a period of 3 months. This could take place in the 3rd, 4th or the 5th semesters. The postgraduate medical

student undergoing such training shall be termed as a 'District Resident'. The District Hospital for such program was defined as a functional public sector/government - funded hospital of not less than 100 beds with the facilities & staff for the designated specialities.

This program would serve the National Health Mission (NHM) which is a flagship program by the government of India to address the health needs of the under-served rural areas & the health concerns of the urban poor population. The Mission focuses on establishing a fully functional, community owned, decentralized, rigorous monitoring & evaluation against standards aimed to improve the health delivery system by Innovations. The DRP is an ambitious program aimed at the acquisition of knowledge & skills required for the community at district levels. This also gives an idea about the limitations & requirements of medical practice at the district level with the added advantage of having skilled doctors for the district centers acting as a referral for the nearby villages. The residents working at the district centers can hence also get an idea about the locally prevalent conditions. Providing healthcare at the grassroots levels can also bring up qualities like empathy, leadership & encourage innovative solutions to the problems faced by the society in a resource limited environment. This might also help in developing doctors who can play key roles in making impactful changes for the society or social entrepreneurs in later life.³ Another advantage is a cross-discipline discussion with other colleagues at the smaller district hospitals. The spare time at the smaller centers can be used to complete the dissertations & reading the journals and articles to update their skills.⁴

However, given the complexity of knowledge that is always updating itself and the focus shifting to competency-based learning, postgraduate medical education has undergone a sea change in recent years. In such a case, 3 months can be a big time from the 3-year postgraduate program. The various challenges discussed in other similar surveys include a shortage of time for postgraduate training at the parent institute following a 3-months long DRP posting; missing the teaching activities & cases at the parent institute, shortage of time for the data collection & writing the dissertation. Other than the academics, the DRs face other issues like a shortage for basic amenities, infrastructure, food & accommodation, along with the commuting issues, & issues regarding the laboratory & imaging facilities.

Some students also found managing a huge number of outpatient cases with a lack of knowledge in adult medicine difficult. A lack of teaching and less academic activities made them insecure. They were made to treat all cases with available government drugs and without lab investigations. They came across the abusive patients and felt place not comfortable. The challenges were security, food, and

cleanliness, particularly for girls along with language barriers for some.

The positive points shared by the similar surveys from other studies included limited working hours, learning to work with minimal resources, friendly seniors and staff, freedom of expression, exploring government settings, being stress-free, having the chance to work in a limited facility, and spending some time at home.^{5,6} They students in the clinical fields had more opportunities for basic procedures. They appreciated the friendly working environment and limited working hours. They understood the government set up, general medical (adult) problems and management, public awareness, and more hands-on practice. They could get more experience in the management of emergencies, caseloads, and procedures along with a cross-specialty training experience like neonatal resuscitation & disability certification. Some students expressed that after the DRP posting increased confidence in handling cases on their own, mental peace, counselling and they became more independent, strong, and confident in clinical management.⁴ Another advantage was an exposure to the HMIS system which is a Government to Government (G2G) web-based Monitoring Information System to monitor the National Health Mission and other Health programs and provide key inputs for policy formulation and appropriate program interventions.

The opportunity in this program for the postgraduates, although limited, exists for their personal growth. As compared to the medical college, where the patient load is more and the duty schedule leaves little time for a good study, the district hospitals may be less chaotic and provide quality reading time.⁴

The Challenges

There are many gaps in the implementation of DRP. The DRP program was implemented with no prior involvement of stakeholders. There was a communication gap between the state government and medical colleges. The coordination of all stakeholders like medical teachers and students with public health officials is equally important. The solutions proposed to overcome the challenges faced during DRP posting include better coordination of all stakeholders regarding accommodation, security, and food. The majority of the students requested traveling facilities, food, and basic facilities like a clean washroom, security, proper doctor's room for staying during the night duties, which can be a major concern for female resident doctors. A clarity in the work schedule might help in resolving many of the issues.

Strengths & Opportunities

The program is novel & ambitious and can help creating a balance between the hospitals & the community. However,

it requires a proper sensitization, good monitoring along with proper regulations for the implementation. A successful implementation of the program can be instrumental to revolutionize the health care system in the country.

The Future

With no significant threat except missing out on some exciting clinical work in the medical college, the District Residency Program can be smooth sailing despite initial hiccups. In coming years, everything shall fall into the place for an efficient posting and rejoining. Other threats and advantages both shall be known to us in coming years and shall serve to improve on the variables that positively impact the program. In nutshell, due to the initial teething troubles and deep-rooted systemic inertia, the challenges of adapting to any novel tradition are hard in the beginning but will eventually be accepted positively as a part of the medical training.

CONCLUSIONS

Considering the strengths, weaknesses and opportunities of the DRP program (SWOT analysis) an experience from the other institutes & states can contribute & help in strengthening the program. The District Residency Program Coordinator (DRPC) is an important link between the residents posted & the state government authorities, & plays a crucial role for the successful implementation of the DRP. A multi stake consultation with the faculty at the medical colleges, & the policymakers will help to solve the initial issues like the accommodation & security along with a clarity in work schedule will help to streamline the program. The medical colleges linked to the district hospitals or the public health care facilities can make uniform policies which can help to improve the quality of training & be able to reach the objectives of the program. A monitoring of the program by log books, supportive supervision & a continuous assessment of the performance is desirable. Incentivizing the residents with appreciation, marks or certificates, to enhance the learning & commitment might also help.

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