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District Residency Programme: Experience of a pharmacology resident

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The District Residency programme (DRP) was announced by the National Medical Commission (NMC) as per the Postgraduate (PG) Medical Education (Amendment) Regulations in 2020.[1] According to this, all postgraduate students pursuing an MD course in all medical colleges should undergo a compulsory rotation of 3 months in District Hospitals/District Health System as a part of the course curriculum. However, due to the Covid-19 pandemic, DRP was implemented only in the year 2023 for students admitted from the 2021 batch onwards.[2] I was a second year MD Pharmacology resident when I completed the DRP. The intention of this communication is to discuss the benefits and make proactive suggestions to enable future residents to gain more benefits from this programme.

The structure of the DRP in our institution included 6 weeks of district hospital postings and 6 weeks of 'Namma Clinic' (Primary health care setups exclusive to Karnataka, similar to Delhi's Mohalla clinics) postings. Although instructions were given to the states by the NMC to provide accommodation for the students within 2–3 km of their centres,[2] the majority have not yet fulfilled this requirement, plunging the PGs into a struggle to meet this additional expense.

Like any new endeavour, there are merits and demerits for this programme as well. Through this write-up, our goal is to give a balanced view on them.

Among the benefits, the first and important one is the clinical exposure, which adds value as an MBBS graduate. For pharmacology residents, who deal with academics and research for most of their course, DRP helps to refresh clinical skills and knowledge as a primary healthcare physician.

Second, the district health systems offer a variety of clinical scenarios, enabling a resident to understand the real-world. For example, in diabetes, the numbers seeking healthcare seems to be higher than the current data on prevalence. Many do not seek care, unless faced with a complication. This knowledge is important and can be translated into relevant research questions on therapeutics.

Finally, treating a wide range of patients belonging to different special populations (paediatric, geriatric and pregnant women) helps in improving prescribing skills, such as drug dosage calculation; considering co-morbid conditions and appropriateness of prescribed drugs; identifying adverse reactions and drug interactions as well as developing a personal (P drugs) list.

There are areas for improvement in this programme as well. First, a clear set of learning objectives across all colleges were not available. Second, an external posting of 3 months in an already insufficient 3-years course is challenging, especially when there is a very broad PG curriculum to complete. This includes the PG thesis (where data collection is an essential and time-consuming activity), academic presentations, clinical postings, research activities and others. Also, in a district hospital, there is no department by specialty; and the only establishment that can be linked to the speciality is the pharmacy. The role of a 'Pharmacologist', who is a medical doctor is different from that of a 'Pharmacist'. Instead of posting in pharmacy, a pharmacologist in a hospital can be assigned activities such as prescription audit, evaluating adverse drug reactions, reviewing essential drug list, training staff on pharmacovigilance and so on.

In summary, there is a need for NMC to draft a uniform set of learning objectives which precisely describe the role of an MD pharmacology resident in a district hospital. They should also consider shortening the duration of the posting, as 3 months of external posting, weighs down heavily on an already overloaded PG curriculum.

Every year more than 800 graduates take up MD Pharmacology in India.[3] The DRP has been implemented and is in the initial years. This is an opportune time to note the issues mentioned above and consider measures to suitably modify the DRP.

Conflicts of interest. None declared

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