

# District residency programme for postgraduates in India: Dermatology residents' perspectives

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## Introduction

The District Residency Programme (DRP), introduced by the National Medical Commission (NMC) in 2022 under the Postgraduate Medical Education Regulations Act, mandates a compulsory, three-month residential rotation in District Hospitals or within the District Health System for all postgraduate medical students, as outlined by the National Medical Commission. This rotation is designed to provide hands-on exposure to rural and semi-urban healthcare systems.<sup>1</sup> On February 16, 2020, the DRP was proposed as a compulsory component of the postgraduate medical curriculum.<sup>2</sup> The aim was to provide medical trainees with a comprehensive understanding of healthcare delivery at the district level.

The article examines the advantages and challenges of this program through the perspectives of two dermatology residents, presenting their viewpoints on its role in shaping clinical and professional development.

## Advantages of DRP

### 1. Strengthening core medical skills

The programme offers hands-on experience in basic emergency care and general treatments, enhancing fundamental skills, building confidence in diverse clinical scenarios, and fostering a foundation for holistic medical practice.

### 2. Entitlements support

Participation in the DRP, governed by the parent college's policies, ensures that residents receive stipends and leave benefits, providing financial support throughout the programme.

### 3. Engagement in public health initiatives

The DRP offers opportunities to engage in public health programmes like vaccination drives and health awareness campaigns, helping residents develop leadership, organisational skills, and a deeper understanding of public health challenges, while contributing to community welfare.

### 4. Enhanced dermatological skills

Although rural centres are generally staffed adequately, the shortage of specialists in fields like dermatology offered residents a unique opportunity for hands-on experience, fostering greater clinical competence, confidence, and independence in managing dermatological conditions.

### 5. Fostering empathy through rural immersion

The DRP offers a constructive interlude from the intensive demands of residency training, enabling residents to engage meaningfully with rural communities, appreciate cultural diversity, and develop a deeper understanding of the unique healthcare challenges in these settings. For those assigned to peripheral health centres, the daily commute, characterised by serene rural landscapes, may provide a tranquil backdrop to clinical responsibilities, although this aspect may differ based on the nature of the posting.

### 6. Development of resourcefulness and innovation

Working with limited resources can foster creativity in diagnosis and management. Residents might learn to adapt treatments or utilise locally available resources effectively. Dealing with resource constraints, logistic issues, and systemic challenges builds crucial emotional resilience.

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### 7. Improved communication and patient education skills

Interacting with diverse populations in rural settings can hone communication skills, particularly in explaining complex medical information in simpler terms and addressing health literacy challenges.

### 8. Networking opportunities

DRP can provide opportunities to build relationships with healthcare professionals at the district level, which could be valuable for future collaborations or career opportunities in public health.

## Challenges of DRP

**1. Inadequate resources:** Rural centres lack advanced diagnostic tools and essential procedures, such as potassium hydroxide mounts, slit skin smears, and Wood's lamp examinations, leading to gaps in accurate diagnosis and treatment.

**Limited procedural opportunities:** District setups lack essential dermatological facilities like cryotherapy, skin biopsies, vitiligo surgeries, and laser treatment, limiting residents' practical experiences and hindering their skill development.

### 2. Challenges to academic continuity during the DRP:

While the DRP in Karnataka is designed to enhance postgraduate medical education by blending structured academics with practical rural healthcare experience, these objectives are not always fully realised in practice. From this viewpoint, the program was perceived to hinder academic continuity by isolating residents from structured learning environments and restricting their access to essential components of postgraduate training, such as case discussions, academic conferences, and peer collaboration, largely due to practical challenges like unreliable internet connectivity in remote areas and conflicting schedules.

**3. Feeling of alienation at the practice location:** Working in unfamiliar districts with language and cultural barriers, coupled with limited resources and minimal support often isolates residents, impacting their productivity and mental health.

**4. Lack of accommodation/ long travel hours:** The NMC guidelines specify that DRP accommodation should be within 2-3 km of the District Hospital for easy access, but inadequate housing and long commutes often result in exhaustion and decreased efficiency due to demanding schedules.<sup>1</sup>

**5. Security concerns:** Depending on the location, there might be security concerns for residents, especially female residents, which need to be addressed.

**6. Variable quality of placements:** The experience might vary significantly depending on the specific district hospital or health center, the availability of supervising consultants, and the existing infrastructure. This variability in the quality of training should be acknowledged.

**7. Impact on thesis work and research deadlines:** Problems in thesis data collection, analysis.

## Future Directions

1. Providing robust and consistent mentorship for residents.
2. Leveraging telemedicine and digital platforms to maintain academic continuity and reduce training disruptions.
3. Addressing legal vulnerabilities faced by residents due to inadequate documentation, limited supervision, and unsupported emergency decisions by establishing clear protective policies and protocols.

## Conclusion

DRP exposes postgraduate medical students to rural healthcare, enhancing knowledge regarding public health, leadership qualities, problem-solving, and self-reliance, but challenges like limited resources, inadequate facilities and lack of mentorship can affect learning and morale. This initiative could lay the groundwork for a global effort to improve healthcare access in rural areas, bridging disparities and upholding the principle of 'Health for All.' It can transform future doctors, equipping them with essential skills, empathy and resilience while improving healthcare delivery in underserved regions.

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