

A Study on District Residency Programme for Non/Para Clinical PG Residents

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Abstract

Background: District Residency Programme (DRP) was introduced by National Medical Commission as mandatory three-months training program for postgraduate residents. This study was designed with the primary objective to assess and describe the perception and experiences of non/para clinical postgraduate residents during DRP.

Methodology: A cross-sectional study was conducted amongst the non/para clinical postgraduate residents of Batch 2021 and Batch 2022 with the help of semi-structured, self-administered questionnaire which consisted of questions regarding their experiences and perceptions for the DRP. Questions were scored on a five-point Likert scale. The data collected was entered and cleaned on Microsoft Excel and then analyzed using SPSS software.

Results: A total of 67 non clinical/para clinical post graduate residents were surveyed with the pre-tested, self-administered, semi-structured questionnaire. Majority of these residents did not find DRP to be relevant to the PG curriculum. (43.3% residents strongly disagreed, while only 6% strongly agreed on the relevance of DRP with PG curriculum). A large number of the residents (32) believed that DRP had no strength and they did not find the programme to be useful at all. 53.7% of the residents were of the opinion that none of the objectives were fulfilled by the District Residency Programme. Only 20.9% of the non/para clinical residents found the learning experience during DRP to be satisfactory, while 79.1% of them were not satisfied with the experience. 61.2% of the residents of the non/para clinical branches, voted for implementation of all of the above suggestions for the successful conduction the District Residency Programme.

Conclusion: The study finds high degree of dissatisfaction among non/para clinical residents towards learning objectives, academic learning, and basic amenities during DRP. There was also a clear lack of specialty-exposure and high concerns of safety, especially for female residents. The study findings should alarm and inform policymakers and administrators to improve DRP implementation so as to better achieve laid objectives.

Keywords: District residency programme, Non/Para Clinical PG Residents.

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Introduction

District Residency Programme (DRP) was introduced by National Medical Commission as mandatory three-months training program for postgraduate residents. The program was for the first time implemented in April 2023 in Madhya Pradesh. DRP is mandatory for all students admitted in 2021 Batch onwards.

All post-graduate students pursuing MD/MS in broad specialties in all medical colleges/institutions under the purview of National Medical Commission shall undergo a compulsory

residential rotation of three months in District Hospitals/ District Health System as a part of the course curriculum. This rotation shall be termed as 'District Residency Programme' (DRP) and the postgraduate medical student undergoing training shall be termed as a 'District Resident'.

The District Resident will work under the overall directions and supervision of the District Residency Programme Coordinator (DRPC). During this rotation, the Resident doctor will be posted with the concerned/aligned specialty team/unit/ sections/

services at the District Health System/ District Hospital.

The objective of the programme was to expose the postgraduate students to District Health System and involve them in health care services being provided at district level. Resident doctors in specialty training would work as members of district teams through “learning while serving”. It would also help strengthen district health system, by filling human resource shortage. District health system in India constitutes of District and Sub-District Hospitals providing services to district- and block-level population respectively. They provide secondary care specialized services in a three-tier health care system and act as referral unit for primary health care services from Primary Health Centres and Sub-Centers. State governments were tasked with the implementation of DRP. Initially conceived in 2020, the programme was delayed due to COVID-19 pandemic.

This study was designed with the primary objective to assess and describe the perception and experiences especially of non/para clinical postgraduate residents during DRP. Additionally, the study planned to assess and describe the satisfaction with training and challenges faced by non/para clinical postgraduate residents during DRP. It also focuses on some recommendations given by these residents for the betterment of the District residency programme.

Methodology

A cross-sectional study was conducted amongst the non/para clinical postgraduate residents of Batch 2021 and Batch 2022.

The Non/Para Clinical PG residents posted at the various districts, were contacted and were requested to fill the semi-structured, self-administered questionnaire which consists of questions regarding their experiences and perceptions for the DRP. A pre-tested, self-

administered, semi-structured questionnaire in English was used to collect information from the residents. The questionnaire was developed using the DRP guidelines, available reports, and feedback from residents. Questions were scored on a five-point Likert scale.

The questionnaire was divided into following sections:

Baseline demographic information; satisfaction with DRP training; satisfaction with distant academic learning during DRP; satisfaction with basic amenities during DRP; specialty-focused skill training during DRP; and safety and well-being at DRP site.

It also focused on whether DRP has some usefulness for the non/para clinical PG Residents. These sections were derived from objectives and guidelines of DRP under Post-Graduate Medical Education Regulations 2023.

The data collected was entered and cleaned on Microsoft Excel version 16.80 and analyzed using SPSS software.

Inclusion Criteria-

1. Non-Clinical PG Residents
2. Para-Clinical PG Residents

Exclusion Criteria

1. Clinical PG Residents

Results

A total of 67 non clinical/para clinical post graduate residents were surveyed with the pre-tested, self-administered, semi-structured questionnaire, out of which 68.7% (48 residents) took accommodation, while the remaining residents travelled as per their duties (Figure 1).

43.3% of the residents took governments allotted accommodation, while 56.7% of them took self-accommodation (Figure 2).

Figure 1: Did you travel as needed or you took accommodation at your allotted district?

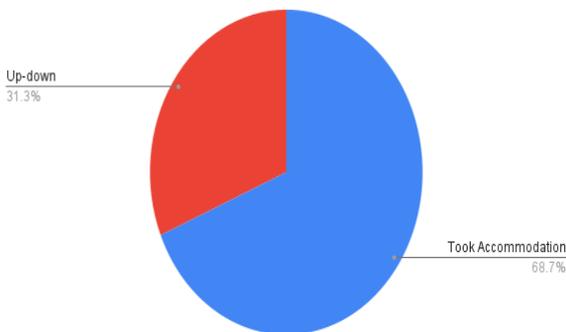


Figure 2: Did you travel as needed or you took accommodation at your allotted district?

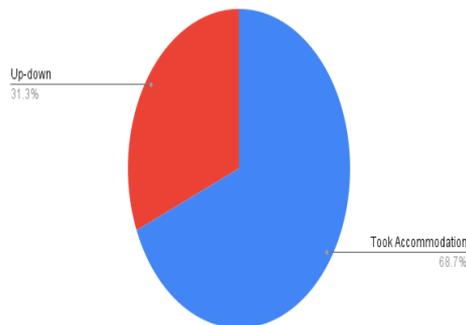


Figure 1 and 2:

Majority of the non/para clinical PG residents did not find DRP to be relevant to the PG curriculum. (43.3% i.e. 29 residents strongly disagreed, while only 6% (4 residents) strongly agreed on the relevance of DRP with PG curriculum.) [Table 1]

On the other hand, 40.3% residents strongly disagreed on finding DRP to be a good initiative by NMC, while 25.4% disagreed. 19.4% of the residents were neutral, 7.5% agreed and the remaining 7.5% were strongly agreeing. [Table 1]

Upon asking the question of improvement in clinical skills within the duration of DRP-we got a mixed response where 29.9% of the residents were

strongly disagreeing, while 19.4% disagreed and 23.9% residents were neutral. On the other hand, 17.9% of the non/para clinical PG students agreed and 9% strongly agreed upon this thought. [Table 1]

More than 50% of the residents strongly disagreed on being asked about the helpfulness of DRP in their respective branches while 19.4% disagreed. 10.4% of the people were neutral and 11.9% PG's agreed while 4.5% strongly agreed on this opinion. [Table 1]

Proportion distribution of responses to question items on a **Five-point Likert scale-**

Table 1:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Is DRP relevant to PG curriculum	6.2%	7.7%	10.8%	30.8%	44.6%
Is DRP a good initiative by NMC	7.7%	6.2%	20%	24.6%	41.5%
Did DRP help you improve your clinical skills	9.2%	15.4%	24.6%	20%	30.8%
As a non/para clinical PG resident, did DRP help you in your respective branch	4.6%	12.3%	10.8%	20%	52.3%

On being asked about the strengths of DRP, 10 residents voted for change of work atmosphere, 9 residents believed DRP provided an opportunity to enhance clinical skills, while 8 residents stated that they learned to work under limited resources and 7 residents learned to work under rural settings. But

only 2 residents voted for hands on experience in patient care to be the strength of the District Residency Programme. On the other side, majority of the residents (32) believed that DRP had no strength and they did not find the programme to be useful at all. (Figure 3)

Figure 3: What are the strengths of DRP?

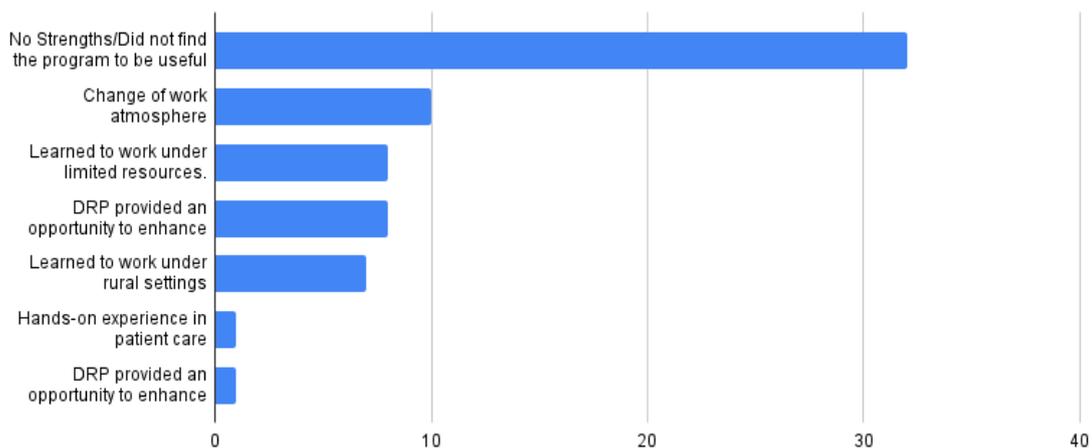


Figure 3:

We then asked these residents about the major weaknesses of the District residency programme, which were voted as follows- (Figure 4)

1. Inadequate accommodation, transport and food facility.(11.9% of the residents voted for this)
2. Improper utilization of time (Voted by 10.4% of the students)

3. Poor learning experience due to lack of resources and learning material (4.5% votes)
4. Safety issues at the District health postings (3% votes)
5. Unhygienic conditions (3% votes)
6. All of these above mentioned weaknesses were seen (65.7% residents agreed on this)

Figure 4: Major complaints/weaknesses of DRP

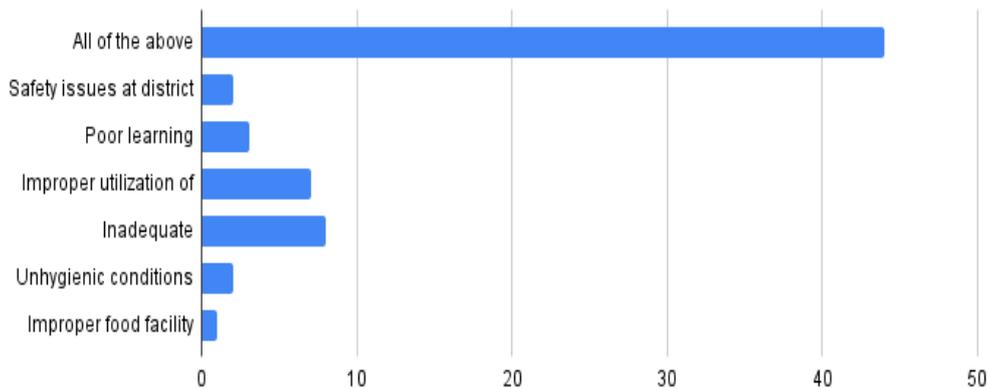


Figure 4:

There were various objectives of DRP which were aimed to be fulfilled by the NMC, amongst them- (Figure 5)

- 22.4% residents felt that the objective of exposing the PG students to District health system and involve them in all the healthcare services being provided was fulfilled.
- 6% of the PG students voted that the aim to orient them to promotive, preventive, curative and rehabilitative services being provided by various categories of healthcare professionals under the umbrella of National Health Mission was completed.

- Only 4.5% of the non/para clinical residents said that the objective to acquaint them with the planning, implementation, monitoring, and assessment of outcomes of the National Health Programmes at the District level was fulfilled.

While 13.4% of the residents felt that all of the above 3 objectives were fulfilled with DRP.

On the other hand, 53.7% of the non/para clinical residents were of the opinion that none of these objectives were fulfilled by the District Residency Programme.

Figure 5: Did you find DRP to be fulfilling its below mentioned objectives at the District level or not?

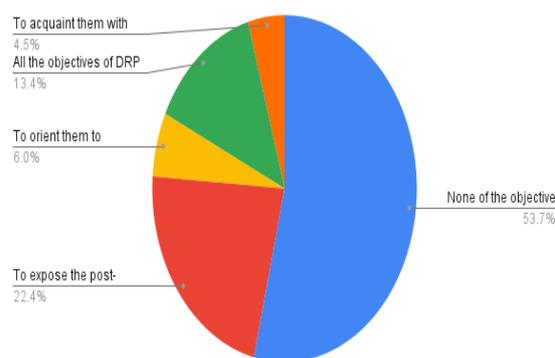


Figure 6: For the non clinical branches, the following objectives were aimed to be followed by the NMC, Were they fulfilled?

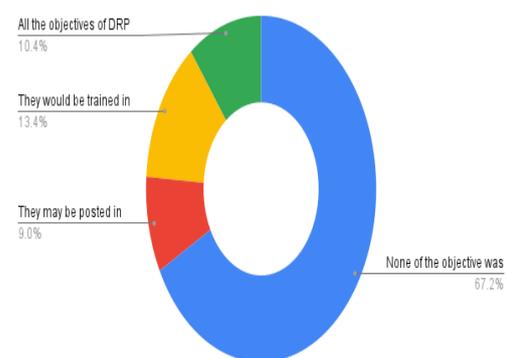


Figure 5 and 6:

In the notice released by NMC regarding the District residency programme, there were specific objectives for the non/para clinical branches, on being asked about them, we got the following responses- (Figure 6)

- 13.4% of the residents were of the opinion that the objective of training and contributing in diagnostic/laboratories services, pharmacy services, forensic services, general clinical

duties, managerial roles and public health programmes was fulfilled.

- 9% residents felt that the objective of posting in research units/facilities, laboratories and field sites of the Indian Council of Medical Research and other National research organizations was fulfilled.
- 10.4% of the non/para clinical PG students felt that both of these objectives were fulfilled. On the other hand, 67.2% students felt that either

of the 2 objectives wasn't fulfilled during the District residency programme.

Upon analyzing all these responses, it was observed that only 20.9% of the non/para clinical residents found the learning experience during DRP to be satisfactory, while 79.1% of them were not satisfied with the experience.

Out of this 79.1% of the post graduate students, 24.6% residents were not satisfied with their DRP experience because they could not learn about their chosen specialty branch. 15.4% of the residents felt that there were limited learning resources. 4.6% said that there was no skill training and another 4.6% residents voted that there was a lack of support from the admin staff as well as the clinicians.

On the other hand, amongst these 79.1% of the residents not satisfied with their DRP experience,

50.8% of these students agreed on all of the above mentioned reasons for their dissatisfaction with the program.

When asked about the recommendations for the successful implementation of DRP:

- 19.4% of the residents voted that DRP should be called off or the duration should be reduced.
- 14.9% of the residents felt that postings should be according to the concerned specialty of post-graduation.
- 4.5% of the PG students said that proper accommodation, transport and food facilities should be ensured by the government.

On the other hand, 61.2% of the residents of the non/para clinical branches, voted for implementation of all of the above suggestions for the successful conduction the District Residency Programme.

Figure 7: Recommendations for successful implementation of DRP

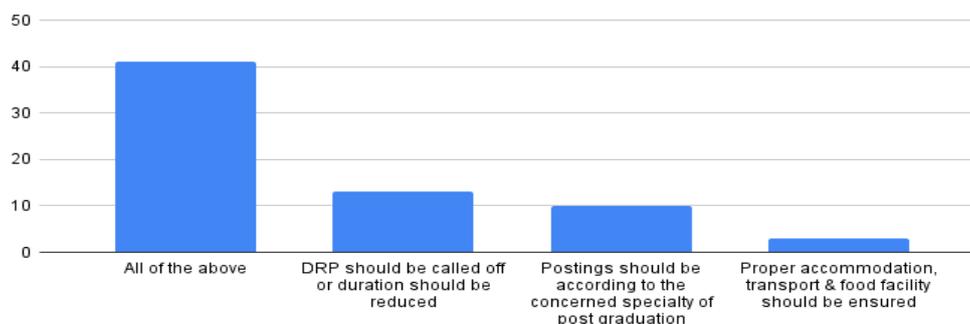


Figure 7:

Discussion

DRP was launched with the objective to expose postgraduate trainee doctors to District Health System and for them to learn to provide services close to community (learning while serving) [3,4]. However, our study finds that nearly 53.7% of the non/para clinical PG residents who completed DRP feel that DRP training failed to fulfill its learning objectives and around 79.1% of these residents were not satisfied with training received during DRP. Some degree of dissatisfaction is expected in initial stages of any new initiative, but our study finds a worrying level of overwhelming dissatisfaction with DRP training.

NMC mandates that the quality of training during DRP shall be monitored by logbooks, supportive supervision, and continuous assessment of performance [3,5].

This study reveals that there was a lack of specialty-focused work exposure and skills-learning among residents in DRP. Over half of the non/para clinical residents were never posted with the concerned/aligned specialty team/services while

over three-fourth never got to learn specialty-specific skills. The findings reaffirm a report from Tamil Nadu that identified resident doctors' opposition to DRP due to a lack of exposure to parent specialty (7). This is a major concern as residents are missing out on vital exposure to their specialty for three months in a three year learning period.

Access to basic amenities at workplace is one of the basic human rights and key to decent working conditions. However, this study found concerning elements of lack or ignorance of basic amenities for residents during DRP. More than three-fourth of non/para clinical residents felt they did not have satisfactory access to decent and safe accommodation, clean and hygienic food, and clean and safe sanitation facilities. Female residents especially faced concerns regarding clean and safe sanitation facilities. A report from multiple states identified lack of access to basic amenities as a noteworthy challenge faced by residents during DRP [2]. Stakeholders implementing the program at state level should immediately seek corrective measures on basic amenities and security, to avoid

untoward incidents and demoralization of residents. A major proportion of residents also opined reduction in DRP duration from the current mandated norm of three months.

Conclusion

This study is one of the earliest pieces of evidence of implementation of DRP in India that documents the experience of programme by especially non/para clinical resident doctors.

Our study reports a high degree of dissatisfaction among these postgraduate residents regarding learning objectives and academic activities during DRP. Residents experience a lack of specialty-exposure and disconnect from their parent department during the course of DRP. There are also pronounced concerns regarding basic amenities, personal safety, and security, especially for female residents. Findings from this study should inform medical educators, policymakers, and administrators to improve the implementation of DRP and enhance experience of residents in learning while serving.

Ethical Approval: Ethical approval was obtained from institutional ethics committee.

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