



CONVOCATION ADDRESS
of
DR. ANBUMANI RAMADOSS
HON'BLE MINISTER OF HEALTH & FAMILY WELFARE
AT THE
13TH CONVOCATION OF
NATIONAL BOARD OF EXAMINATIONS
AT
CENTENARY AUDITORIUM, MADRAS UNIVERSITY
CHEPAUK, CHENNAI-600005
ON
SATURDAY THE 10TH MARCH, 2007

Shri Shivraj V. Patil, Hon'ble Union Home Minister, Prof. A. Rajasekaran Avl, President of National Board of Examinations, Members of NBE, distinguished guests, dear awardee candidates, ladies and gentlemen.

It is a matter of great pleasure for me to be with you all this evening on the occasion of 13th Convocation of the National Board of Examinations (NBE).

At the outset, I congratulate the candidates who have been awarded the Diplomate of National Board, Postdoctoral Fellowship degrees and Gold medals today. It is an event of great satisfaction for all of you who have been awarded these degrees and honors.

I compliment the National Board of Examinations for providing opportunities to medical aspirants in Postgraduate Medical Education in different Broad and Super specialties as well as the Postdoctoral Fellowship Programmes in various sub-specialities. It is gratifying to note that the NBE is contributing a large workforce of medical specialists to the country every year. Out of 11,000 medical postgraduates, more than 3500 are coming from the National Board stream. Apart from the numbers, the National Board qualification is the hallmark of standard in postgraduate medical education. Employers both in India and overseas are looking for NBE qualified persons for employment.

I would like to share with you some of my concerns in Medical Education and health care delivery in the country. The most important concern of course is the rural health care. The National Rural Health Mission is the biggest programme of the Ministry of Health & Family Welfare, Government of India. It envisages upgradation of health care services in rural India. As a priority 18 States have been chosen for immediate implementation of programs. In the current budget, the quantum allotment has been increased from Rs. 8207 crores from Rs. 9947 crores.

A big draw back in the speedy implementation of this programme is shortage of manpower. The imperative is on a new look at the Human Resources for Health. While we as a country can boast of a large, competent specialist medical manpower, nearly 70% of the population has very poor access to specialist health care and I would say that nearly 40% of the population has poor access to even basic health care. A Maternal Mortality Rate of 300 per 100000 live births and an IMR averaging more than 57 per 1000 live births appears as stark contrast to the excellence in medical services that we have achieved.

The objective of the post graduate medical education is to develop medical specialists needed for the health care delivery system of the country. The health care systems of the country function from primary, secondary and tertiary care settings. It is unfortunate that many of the medical graduates and postgraduates we produce do not have the right perspective of the health care

needs of the country. The system of education that has prevailed in this country is a colonial vestige which was designed to cater to the then expatriate population. Little changes have taken place since independence to evolve a medical education system that would produce health human resources for dealing with the disease burden of the country.

To a large extent the lack of appropriately trained health Human Power accessible to the rural population is responsible for this anomaly. This brings me to the question of training of Health human resources. I would like to congratulate the National Board of Examinations for introducing DNB Rural surgery program. This I believe will develop a versatile surgeon for rural surgical needs where nearly 25% of all deaths are due to injuries and obstetrical causes. A surgeon who can deal with obstetrical emergencies, trauma and abdominal emergencies would be most appropriate for our country, especially in the majority of the rural areas. Along with this kind of specialization, anesthetists with appropriate training and certification are required. The DNB in Family Medicine is another commendable discipline and this should in the long run become the most wanted specialization for the country. I would urge the National Board of Examinations to broaden its mandate and begin training health human resources at all levels including allied health professionals and nurses.

I would like the National Board to give more emphasis on those areas of postgraduate medical education, which take care of the

future needs of the country. These areas may be Emergency Medical and Surgical needs of rural population, Public Health, Control of Infectious diseases, Maternal & Child Health, Family Medicine etc.

The health care facilities in rural and semi-urban areas of the country are largely provided by the public sector. The report of the National Commission on Macroeconomics and Health brings out the huge deficit of specialists in the Community Health Centers of the country. This cannot be made up merely by increasing the numbers of specialists. The report further states that out of the existing production of specialists 10 % migrate to other countries, 30 % opt for the private sector and leaving just 60% for public sector. Even this available 60% of specialists are concentrated in large urban hospitals. There is a short fall of 62% in the number of sanctioned posts of specialists for Community Health Centers. Lack of Specialists has an adverse impact on the health indices of a region, which was brought out by the report of the National commission on Macroeconomics and Health with particular reference to the North East of India.

17 diseases account for 80% of the overall disease burden of the country. These diseases include tuberculosis, malaria, diarrheal diseases, diabetes etc. besides the high IMR and MMR. There is also the emerging disease burden due to HIV/AIDS and non-communicable diseases like cardiovascular diseases, trauma and cancers. The medical education should be community oriented rather than discipline oriented.

Another concern for me is the quality of skills and competencies acquired during the training in both basic medical education and postgraduate medical education. Certain uniformity and minimum required skills for surgeons and physicians is required. Our examination systems, while evaluating the clinical skills- in which I am told the NBE has achieved a high and uniform standard- we are not evaluating patient care skills including surgical skills. This is because we have based all our learning on patients. New technologies, particularly simulation technology provides alternatives for learning skills. I had the opportunity to put my hands on a simulation based learning tool developed in India. The National Board of Examinations should take the initiative to develop these technologies for both learning skills and evaluating skills.

Evaluating the physician for minimum required skills becomes important in the context of patient safety. Patient safety is a major Global concern today. The Ministry of Health & Family Welfare has to look at health from the point of view of the patient safety and put in place systems, which would prevent accidents to the patient due to human error. I ask all of you who are graduating today to enter the field of medical and surgical practice with patient safety in mind. A culture of patient safety is required in all establishments of healthcare delivery.

Another area where the National board can focus in future is to make all the postgraduate medical education, examinations uniform

and standardized all over the country. There is a need to evolve and develop new student friendly examination methodologies, which test the competency and skills of students more objectively. Modern information technologies like internet, interactive CDs, teleconferencing etc. can play a useful role in improving the quality of postgraduate medical education in our country as well, specially when our country is one of the world leader in software and computer technologies.

Another great shortage in this country is medical teachers. I am aware that faculty development programs are practically non-existent. Mere workshops are not sufficient. There is need for programs to certify medical teachers. Teachers not born, people are trained to be teachers. In every other professional education stream there is a system to train teachers. A basic postgraduate degree is not sufficient to make one a teacher. Medical Educators need to apply their minds develop a credible medical faculty development programs which takes into account learning through Information Technology.

Our country is so diverse geographically and demographically that there is a wide range of health problems. The Government health infrastructure and facilities in the rural areas are not adequate in several States. Here the private and corporate hospitals can also play an important role by providing some medical facilities to governmental institutions. The public and private health institutions must network and complement each other, in selected health related issues. I hope the National Board accredited institutions in the

private sector will take a lead in this area. The Board should ensure that the specialists services through the accredited private hospitals are also provided in the neglected areas/regions of the country, as well as to the poor population on subsidized basis. Special incentives may be given to such hospitals.

I once again congratulate the awardee candidates and wish them all success and bright and successful career ahead.

I also take the opportunity of wishing the NBE continued success in their endeavors.

Thank you all.

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