

NIHAE

Report and recommendations of the
Workshop on Post graduate Education
For Community Health work.

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Report and Recommendations of the Workshop
on Post-Graduate Education for
Community Health Work

(New Delhi - February 24-27, 1969)

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NATIONAL INSTITUTE OF HEALTH ADMINISTRATION AND EDUCATION
NEW DELHI

REPORT AND RECOMMENDATIONS OF THE WORKSHOP ON
POST-GRADUATE EDUCATION FOR COMMUNITY HEALTH WORK
(February 24 - 27, 1969)

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I. GENESIS

The impact of tremendous technological advances in the Third World has been felt in the medical field as in others. If anything, the increasing range of effectiveness of measures for the control of environment (in its widest connotation) has tended to upset existing equilibria to an even greater extent in the medical as against other fields. One of such areas is that of institutionalised facilities for training of health personnel. While a deeper understanding of the factors involved in determining the level of health of a people and the availability of better tools to influence health conditions makes it increasingly feasible to apply with better effect, mass or community health measures, the pre-occupation of the programmes for the training of physicians still continues to be largely with the individual clinical approach. There is thus a growing concern on a global basis over this widening gap between what we need and what we are producing in medical manpower. The matter is of far greater weight and importance in developing economies where limited resources make it imperative that they be utilised to greatest effect.

Questions of reorientation of outlook of health workers in keeping with the emerging trends, and reform of training curricula to subserve these felt needs, have thus been engaging the minds of thinking people all over the world particularly during the last twenty-five years. Numerous international and national conferences held on this subject bear testimony to the concern on this matter. In this country itself, the Ministry of Health, the Medical Council of India, the Universities, the State Governments and professional bodies like the Association for Advancement of Medical Education, etc. have devoted a great deal of time and attention to the important problems of training of health personnel, to cope with the changing requirements of health services geared to serve a socialistic society. One of the more recent conferences was held in 1965 on "The Teaching of Preventive and Social Medicine in relation to the Health needs of the country."*

*Report and Recommendations of the Conference on the teaching of preventive and social medicine in relation to the health needs of the country - September 1965 (NIHAE).

Many of the recommendations made by that Conference have since been incorporated into regulations and instructions framed by the Medical Council of India.

The Departments of Social and Preventive Medicine in the medical colleges today are beginning to play a very much more active role in changing the bias of training to the undergraduates.

At the postgraduate level, however, the problem has not received the required attention. While the medical and public health departments have been integrated in most States and while recruitment is being made to a unified cadre in many, postgraduate training still continues to be compartmentalised rigidly into clerical and public health field. The contents and curricula of the latter also continue largely to follow the patterns laid down in the pre-integration era. It was in recognition of the need for a review of the ongoing programmes of training in public health that the Union Minister for Health entrusted the NIHAЕ, in 1967 with the task of "working out a pattern for Diploma courses in the field of community health and revision of curriculum, content of the present DPH Course".

The Committee set up for this purpose consisted of:

- i) The Director, The All India Institute of Hygiene and Public Health,
 - ii) Additional Director-General/Dy.D.G.(PH), D.G.H.S. Calcutta.
 - iii) A nominee of the President, Medical Council of India
 - iv) Director, National Institute of Health Administration and Education
- with powers to co-opt such experts as they may consider necessary.

This Committee proposed and approved a questionnaire which was sent out by NIHAЕ in 1968 to collect the views of public health leaders at different levels. The analysis of these responses together with views of educationists from within and outside India provided material suitable for being placed for discussion before a larger group. The Committee, therefore, suggested the organization of a Workshop to help evolve the strategy of future action in the light of the result of the study made by the Committee and the views and experiences of health administrators and educationists.

With this end in view, the N.I.H.A.E. provided a forum*, consisting of the providers of service, trainers of physicians and community health leaders and statutory bodies responsible for laying down standards, by conducting a Workshop on Post-Graduate Education for Community Health Work from February 24-27, 1969 in New Delhi.

*List of participants vide Appendix I.

2. AN OVERVIEW

2.1 Objectives:

The Workshop concerned itself with examining the problems of postgraduate education for community health work which have been seriously engaging the minds of the planners and administrators not only in India but all over the world.

The Workshop objectives were:

- (1) to consider the needs of India for postgraduate education for community health work:
 - (a) the type of positions for which postgraduate education for community health work is required;
 - (b) the basis for estimation of demand for community health workers with higher education.
- (2) to consider the levels at which postgraduate education is necessary, and the desirable characteristics of education at such levels
- (3) to consider the extent to which existing curricula and other arrangements for postgraduate education for community health work meet India's present and foreseeable future needs
- (4) to consider major changes needed in respect of:
 - (a) types and levels of training;
 - (b) curriculum content;and
- (5) to consider steps to be taken for the implementation of the Workshop recommendations.

2.2 Workshop Methodology*

After a brief introduction on the genesis of the Workshop, the sessions began on the first day with a review of the present situation in India and in other countries in respect of postgraduate education for community health work.** This was followed by a brief consideration of manpower needs for community health work at different educational levels in India. Responses received to a questionnaire sent by NIHAE on community health work were then analysed.

* Workshop Programme vide Appendix-II

**Summary of lecture presentations and discussions vide Appendix-III.

A plenary session explored ~~current undergraduate~~ teaching in preventive and social medicine so as to indicate the manner and extent to which it might provide a foundation for education at postgraduate level.

Plenary session on the third day considered the needs and arrangements for training in hospital administration in order to keep this area in its proper perspective in the preparation of the administrator of community health services of the future.

In order to ensure a pragmatic approach to the Workshop objectives the participants broke up into three groups* to consider problems of education for community health work at three distinct levels:

- i) Orientation and staff college courses
- ii) Diploma level education
- iii) Doctoral level education

On the concluding day reports of the three work groups were considered in plenary session. The Workshop concluded with recommendations on:

- i) the group reports;
- ii) the mechanism for setting and enforcing standards; and
- iii) the implementation of the workshop recommendations.

2.3

Background Papers**

A summary of the background papers, which were heavily screened and boiled down, to an absolute minimum may be helpful in throwing some light on the current trends in postgraduate education for community health work.

A common theme of these documents was - "the D.P.H. is no longer useful and adequate" whether in India or U.K. or elsewhere. 'Major changes are needed' is the consensus whether from NIHAE opinion survey or the General Medical Council, (U.K.) etc. Education and training is urgently needed to prepare for the new leadership roles and jobs to be done. This means profound change in curriculum with emphasis upon administrative sciences, social sciences, quantitative sciences and community diagnostic sciences.

* Workshop assignments vide Appendix IV

** List of Background documents, vide Appendix V
(Texts can be obtained on request)

Most pertinent were papers pertaining to the Jungalwalla Report, some points from which bear repetition:

- (1) Health administration is not the same as clinical preventive and social medicine required for the best modern care of individual patients
- (2) Health administration is concerned with organization and management of health care, including community diagnosis and therapy
- (3) Health administration requires the knowledge and attributes of a managerial physician
- (4) The competences required for teaching health administration are not the same as those needed for teaching clinical preventive and social medicine.
- (5) The establishment of a doctorate degree in health administration to emphasise the organisation, and management aspects of health care is essential

The background documents focussed attention upon six essential items:

- (1) Change both methods and content of postgraduate education
- (2) Emphasise training in administration, managerial skills and knowledge
- (3) Train for the community leadership role - interdisciplinary team work
- (4) Educate in social and behavioural sciences - group dynamics, community organization and interpersonal relations, supervision
- (5) Train in administrative research
- (6) Develop the scientific method, attitude and approach.

In the following sections are given:

- (1) Reports of the three work groups
- (2) Highlights of the discussions on the group reports in the concluding plenary session
- (3) A summary of the main recommendations

3. GROUP REPORTS

3.1 REPORT ON ORIENTATION & STAFF COLLEGE COURSES*

The Workgroup at the outset, stated that the terms "orientation/short course/ in-service training" be taken for the purpose as synonymous and imply training for junior officers while the Staff College Course which is more advanced, is meant for the more senior officers.

The Workgroup decided to consider separately the "orientation" and "Staff College" Courses.

3.1.1 Orientation Courses

(1) Need:

The Workgroup was of unanimous opinion that apart from diploma or degree Post-graduate Courses and Staff College Courses, there is a definite need for orientation training of new entrants and for those already in the health service.

The initial orientation training should be common to all medical officers irrespective of whether they would be posted at health centres, hospitals, colleges, research institutions or elsewhere. This training will accordingly need to be comprehensive, but at the junior level.

The technological, social and organisational developments, as a result of newer knowledge, also make it necessary to give periodic "refresher" type of training to those already working. Although the Workgroup did not like to specify any fixed interval for such periodic training, it was felt that there should be a minimum of two such

* For Terms of Reference vide Appendix VI(a)

refresher type courses during the service period of an individual officer and approximately at an interval of five years.

For promotion to district and higher level posts, Staff College Courses were recommended as a pre-requisite.

For higher administrative posts, Post-graduate qualification was deemed to be highly useful.

(2) Objectives and Purposes:

The objectives of initial orientation training will be different from those of periodic "refresher" training. The initial training should be planned to expose the new doctor not only to administrative practices of the health service organisation, but also to various aspects of community health administration, including health legislation, organisation of specific programmes such as MCH and family planning, nutrition, environmental sanitation, extension education, health and vital statistics, etc at the appropriate level, so as to prepare him better to undertake his service responsibilities.

The objectives of the periodic "refresher" training will be to bring him up-to-date with the current trends in organisation and management techniques, changes in community requirements and scientific and technological developments. For administrative posts in relation to specific programmes, apart from training in a particular speciality, the course content should have planning, co-ordination, evaluation and supervision skills.

There are a number of officers other than medical and para-medical personnel, who participate in various ways in the

...contd/-.

health services. It is in the public interest that they should also receive some orientation. The content of this will vary with the types and level of people aimed at. For example, for community development personnel, it should be a multi-disciplinary approach to include the economic aspects, the importance of preventive medicine, the role of environmental sanitation, team work, health education and need for people's participation, etc. etc.

(3) Positions and Training Load:

The Workgroup felt that it could not make an estimate of the number of people requiring orientation training. They accepted Dr. Rao's estimates (doc./18) as a basis. Taking into consideration that about 1/3rd of the doctors passing out would join the health service it was estimated that about 2500 would require initial training every year.

(4) Contents:

Following subjects were found suitable to be included in the curriculum:

- (i) Administration of
 - i) preventive and promotional health services.
 - ii) medical care services including hospital administration.
 - iii) health legislation including medicolegal aspects.
- (ii) Social Sciences including behavioural sciences.
- (iii) Public administration including personnel management, teamwork, public relations etc.
- (iv) Epidemiology.
- (v) Bio-statistics.
- (vi) Health education.
- (vii) Environmental sanitation.
- (viii) Occupational health etc.

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The extent of coverage of these subjects would vary for the courses, depending upon whether it is for new entrants or for those already in service.

(5) Duration:

The Workgroup felt that the initial training should be between 10 to 12 weeks, whereas the refresher training should last for 3 weeks.

(6) Incentives:

Orientation Courses were deemed to be essential and be completed before confirmation in service and periodic or refresher courses before crossing the efficiency bars.

(7) Other Matters:

The emphasis in the orientation courses is to be on practical training, actual participation and working with their own hands and not merely observation. It was also recommended that during the period of training the trainee should be unencumbered with any direct responsibility for any specific job.

Trainees should be evaluated periodically (may be every one or two weeks) and the results discussed with them. Training should preferably be based around a medical college complex in association with a rural or urban centre staffed and equipped adequately and provided with residential facilities and the emphasis should be on providing community side teaching as against beside teaching. Continued education should be provided through fellowship and the supply of journals and literature, seminars, visitations by superior officers etc. throughout the service period.

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3.1.2. STAFF COLLEGE COURSES:

(1) Need for Staff College Level Education

The Workgroup recommended that the focus of this training should be on senior officers and the target group should include, Physicians, Nurses, Public Health Engineers, Social Scientists and other appropriate para-medical personnel, Administrators dealing with health and medical educators.

Further, it was felt that this type of training should precede a senior posting or be undertaken soon thereafter.

(2) Objectives and purpose:

It was envisaged that the main purpose of this type of training is to prepare for leadership. Apart from knowledge of the technical subjects, the Workgroup recommended that emphasis should be laid on the knowledge of administration, capacity for coordination, flexibility of attitude, self-appraisal, decision making, planning and evaluation skills, supervisory ability, optimal use of available resources, etc.

The Workgroup was of the opinion that the objectives of the staff college should be the following:-

- (i) Transmission of body of knowledge and principles.
- (ii) Help in developing men and women their capacity for unlimited self-education throughout their subsequent careers.
- (iii) Serve as a forum favourable to exchange of experiences and its systematisation for drawing generalisations for tackling future problems arising on the job.
- (iv) Help to acquaint the administrator with newer community administrative and education concepts and techniques.
- (v) Acquaint the administrator with potentialities and methodology of research and stimulate its adoption in solving day-to-day community health problems.

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(3) Numbers and Training Load:

It was opined that it was not possible to make any reasonable estimates and that the requirements should be obtained from the States in order to determine the dimensions of the training load.

(4) Contents:

The consensus was in favour of the broad areas of content as mentioned below:

- i) Among those basic to community health administration;
 - a. The techniques, organisation and management of health services including Medical care and Hospital Administration.
 - b. Public Administration.
 - c. Bio-statistics.
 - d. Social and Behavioral Science.
 - e. Health Economics; and
 - f. Others.
- ii) Among those essential to administrative leadership:
 - a. Organisational and Managerial skills.
 - b. Fiscal and personnel administration.
 - c. International Health
 - d. Research in administration; and
 - e. Others.
- iii) Among those relating to health planning and evaluation:
 - a. Community diagnosis;
 - b. General planning principles;
 - c. Evaluation of health programmes- administrative and technical; and
 - d. Others.

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(5) Duration:

It was recommended that these courses should be of 10-12 weeks duration.

(6) Incentives:

The Workgroup recommended that the Staff College training should be made compulsory. Since the staff college training course is for senior officers, the group did not like to recommend monetary incentives but recommended that they be given weightage for promotion.

(7) Training Methods and facilities:

The Workgroup was of the view that all teaching methods should be used such as lectures, seminars, panel/ seminar discussions, syndicate discussions, group field work on problems in health administration and education, case studies, observational field and institutional visits.

The Staff College Course was considered as a high level course and therefore it was recommended that not more than 20 participants be taken in each batch and not more than 2 batches a year be trained in a particular Institute. The group was of the view that apart from N.I.H.A.E., at least one more Institute should take up Staff College Courses. It was agreed upon that the need for additional Institutes be reviewed after 2-3 years.

(8) Course- Evaluation:

The Workgroup considered it essential to evaluate the training. An objective type of examination or term paper was not recommended. They, however, indicated that this evaluation should be carried out through:

- (i) follow-up of participants;
- (ii) opinion survey of the participants after a certain lapse of time;
- (iii) assessment of their performance through their supervisors.

3.2. REPORT ON DIPLOMA LEVEL EDUCATION *

There was general agreement, that a change in name was most desirable so as to modify the image and make it more expressive of the new objectives and contents envisioned. However, no specific name was agreed upon.

(1) NEED FOR DIPLOMA LEVEL EDUCATION:

Diploma level education was defined as a post-graduate qualification which covers one academic year of a University and is intended to give full time education designed to provide competence in a speciality of the health sciences at the first supervisory level and provides foundation for further advanced education.

The diploma or its equivalent in community health should be required for the following:-

- (i) District Level Health Administrators, Programme Officers, and Supervisors.
- (ii) State Level Health Administrators and Programme Officers
- (iii) Centre at Level Health Administrators and Programme Officers
- (iv) Teachers in social and preventive medicine.

The diploma level education should be required for all new entrants to the above positions and is desirable for those already in the field.

For Terms of Reference vide appendix VI (C).

(2) OBJECTIVES AND PURPOSE,

The purpose of the diploma course was neither to be a supplemental review course to the teaching provided in the undergraduate medical education, nor to provide the training in any one Community Health sub-speciality i.e., Maternal and Child Health & Family Planning, Industrial Health, etc., but was designed chiefly to provide a broad-based training for rendering service at the first administrative and supervisory level.

The following were considered as the main objectives for conducting a diploma course in community health:

- (i) To provide knowledge essential to community health i.e., medical care administration, hospital administration, knowledge of social sciences, community organization, extension education, community epidemiology, environmental health, and basic understanding of group dynamics and communication and political science.
- (ii) To introduce distinctive skills of community diagnosis.
- (iii) To provide understanding and competence in administrative techniques:
 - a) by developing communication skills in written and spoken medium
 - b) by developing competence in supportive supervision
 - c) by developing working knowledge of the evaluation process and techniques.
 - d) by developing skills of team work, group work and multi-disciplinary work.

The overall objective of diploma course is to prepare a person not only for the job but also to stimulate his critical thinking and promote self-education.

(3) NUMBERS AND TRAINING LOAD:

The rough estimate of number of people who require diploma level training at various levels was worked out as:

(i) NUMBERS REQUIRING DIPLOMA LEVEL TRAINING:

a) At District Level

On an average 7 officers per district = $7 \times 335 = 2345$

b) In Local Bodies: (Cities and Towns 100,000 population and above)

On an average 3 officers per local body = $3 \times 160 = 480$

c) At State Level:

On an average 20 officers in each State and Union Territories = $20 \times 20 = 400$

(Union territories, for purpose of these calculations could be considered equivalent to 3 States)

d) At National Level: = 40

e) For Specialised Groups:

Like Army, Industrial Undertakings, Railways etc. = 500

Total number requiring diploma level training = 3765
Or say approximately 3800

(ii) TRAINING LOAD ANNUALLY:

- a) Number with diploma level education *in active service at present* = 1200
- b) Training Backlog 3800-1200 = 2600

Assuming minimum expansion of public health programmes and population, the estimated number needing training annually, is substantively the attrition rate. While no official estimate is available on the attrition rate, it is assumed to be about 5 per cent. Studies should be made to determine accurately and scientifically the attrition rate.

The immediate training load, therefore, is:

- a) meeting the needs of attrition rate of 5 per cent - approximately 200 per year.
- b) clearing the backlog by providing for 2600 personnel

(a) Training of New Entrants:

Requires an additional 100 seats.

The total of 102 seats are available in the country in institutions recognised for the diploma course (70 seats at All India Institute of Hygiene and Public Health and 32 seats in other institutions at Poona and Lucknow)

The Group recommends that - all the seats in the present recognised institutions should be filled and another 100 seats similarly approved should be provided at suitable localities on a regional basis with adequate faculty, facilities and finances.

(b) Training for the backlog:

Since the country's resources at present do not provide for training of this backlog of 2,600 for the diploma level education short courses should be developed on booster dose basis at various centres which would provide for the basic content of the revised diploma course.

(4) CONTENT:

(i) Basic Sciences of Community Health "SUPPLEMENTAL AND REVIEW SUBJECTS"

Since too much of the academic year is currently spent in
*
supplemental and review subjects (Such as microbiology and bio-chemistry) steps should be taken to

- a) Strengthen undergraduates teaching in the department of Social and Preventive medicine so that review and supplemental training will not be necessary.

* Refer to Terms of Reference - Appendix VI (c)

b) For those inadequately prepared provide and promote teaching through programmed instruction. As a long-term goal the supplemental subjects should be completely removed from the content of a diploma course within a period of 10 years. During this period the departments of social and preventive medicine in particular and medical colleges in general will strengthen their undergraduate teaching in these subjects.

(ii) Skills and Knowledge essential to "ESSENTIAL SUBJECTS" administrative leadership

These must be thoroughly covered and form the core of the diploma course.

- a) Community structure and organisation
- b) Group psychology and group dynamics
- c) Inter-personnel and inter-group relations
- d) Power structure, political structure
- e) Community development and community diagnosis
- f) Newer methods and science of public administration management technique including hospital administration, budgets, records, supportive supervision and planning and evaluation.
- g) Communication science; health education, mass media, visual aids as used in community organisation and development.
- h) An introduction to scientific process as it applies to operational research.

(iii) Skills and knowledge essential to "INTRODUCTION TO specialities in Community Health SPECIALITY"

Specialisation in a particular speciality is not the major objective of the diploma level education but an introduction to some speciality areas need to be provided, the training for which should not exceed 3 months. Such as

- a) Epidemiology
- b) Maternal and Child Health and Family Planning
- c) Environmental Health

- d) Medical Care & Hospital Administration
- e) Nutrition
- f) Health Education
- g) Industrial or Occupational Health and
- h) Others.

(5) DURATION:

The diploma course should cover one academic year and the subject should be divided as follows:-

(i) Supplemental or Review subjects	1 month
(ii) Essential subjects	6 months
(iii) Specialities	3 months

A diploma course is not aimed at training for a speciality in community health but it should introduce such specialities in selective courses and as elective subjects.

The need to devote the maximum time to the teaching of the essential subjects was re-emphasised. With that objective in view, it was recommended that there be a substantial reduction of the time spent on supplemental or review subjects.

It was felt that there is need to strengthen the training programme with supervised field experience, that a minimum period of 8 weeks should be provided for field experience. That this period may preferably be in addition to the academic year, making the total period of training of training one full calendar year.

(6) INCENTIVES:

The low demand for training in community health in the country requires the institution of several incentives.

(i) Procedural Incentives:

- a) Medical students should be given an early exposure to the theory and practice of community health to create a positive attitude amongst the medical students towards such services.
- b) The courses offered in the department of social and preventive medicine should be made more challenging to create an interest among the medical students.

- c) A system of university examination in social and preventive medicine may be introduced in all universities.

(ii) Financial Incentives:

- a) A high priority may be given for training in community health out of the existing scholarships offered by the Government of India for post-graduate studies.
- b) The undergraduate students showing an aptitude for community health may also be given fellowship for pursuing their studies.
- c) The fellowships offered for post-graduate studies to personnel already in service should be in addition to all emoluments they normally draw, as appears to be the practice in the Armed Forces Medical Services of India.
- d) Fellowships offered by international agencies should be utilised fully and adequately in order to strengthen the faculty of departments of community health

(7) METHOD OF TRAINING AND FACILITIES:

The following methods should be used for diploma training:

- (i) lecture
- (ii) seminars
- (iii) laboratory demonstrations
- (iv) field work
- (v) supervised library assignments and programmed instructions.

A minimum of time should be spent on lectures and more time devoted to methods employing modern learning techniques which lead to greater student participation.

(8) METHOD OF TRAINING AND FACILITIES:

(i) Field Practice Areas:

The diploma courses are mainly meant to prepare administrative competence for administrators manning the posts at a district level. It is, therefore, extremely desirable that a

district should constitute the minimal unit for the rural field practice area. This requires administrative coordination between a number of agencies.

The situation for field placement should be as realistic as possible to the usual conditions. It is recommended that the staff provided in the district for conducting services should be same as normally provided for any other district in the State, and that the district and municipal health officers rendering services in the area should be given teaching status and teaching allowances. The training staff attached to field practice areas will be in addition to the district staff so as to supplement the training requirements and will be governed by the rules for employment according to the standards for recruitment of similar posts by the University/State Government.

(ii) Facilities:

The following are the important facilities recommended by the group for conducting the courses:

a) Hostel

The provision of hostel accommodation should be made for not only the new seats but for the old seats as well.

b) Faculty:

In view of the wide range of subjects essential for the diploma course certain disciplines emphasised in the objective for running the courses will have to be provided for. In counting teacher-student ratio, only full time faculty should be considered. The recommended ratio is 1:3. Institutions that are going to be giving the new diploma course as recommended should work towards this.

c) Transport

Mobility is essential for providing effective learning experience in the field. Therefore, adequate transport must be provided both for staff and students to undertake travel from the institutions to field areas. UNICEF and WHO may be requested to support the programmes at the post-graduate level for training in community health work as they do at the undergraduate level.

d) Library

The newer curriculum content as recommended opens certain new dimensions in the field of training such as sociology, ecology, public administration etc. It is, therefore, recommended that suitable library facilities essential for reference work by the faculty and laboratory work by the students be provided.

(9) STANDARDS:

(i) It is recommended that the diploma course may be recognised or started only at such places where the facilities, faculty and finances are adequate to meet the recommended standards.

(ii) Admission Requirements:-

All Medical graduates with M.B.B.S. plus a minimum of one year professional experience will be eligible for applying for entry to the diploma course. Preference may be given to those candidates who have experience of work in any specific field of community health.

(iii) Testing and Examination:-

The system of examination as already laid down by the universities and recognised by the Indian Medical Council may continue. However, it is recommended that the student performance as assessed by the faculty should be given higher weightage in final overall assessment.

It is recommended that to ensure adequate standards the employing authorities like the State and Union Public Service Commission should accept only candidates holding recognised diploma qualification.

3.3. REPORT ON DOCTORAL LEVEL EDUCATION *

(1) Types of Doctoral Programmes -

The Workgroup identified two types of doctoral level degrees as existing now in the country i.e., the M.D. type and the Ph.D. type. These two may be differentiated on the basis of the proportions of research and of other types of learning in each. The Ph.D. type has a larger proportion of research and the M.D. type a larger percentage of other types of learning. Further, it was brought out that while the Ph.D. type will cater to the needs of both non-medical and medical personnel the M.D. will necessarily be restricted to those who have medical qualification. Discussion centred on the M.D. type of programme due to limited time.

(2) Need for Doctoral Education -

After considering the need for doctoral level education a list of jobs in which such education would be helpful was agreed to (Reference Schedule 1). After considerable deliberations, an agreement was arrived at that, at the Central level, the State Health Directorate, the District, Local Bodies like Municipal Corporations and in medical teaching institutions a doctoral level degree in Community Health would be desirable as an additional qualification for positions involving major administrative responsibility. It was felt, however, that a doctoral degree is an essential qualification for teachers of social and preventive medicine in medical colleges. The present holders M.D. in PSM should be considered as equivalent of M.D. in Community Health.

* For Terms of Reference vide Appendix VI(d).

(3) Objective and Purpose:-

The objectives and purposes of the doctoral level programme in Community Health could be stated as follows:-

- (i) The main objective of doctoral level work is to provide the kind of education which will fit a man ultimately for top level leadership in the speciality of Community Health work. This leadership may be in any of the three areas of (a) administration (b) teaching (c) research in administration or in a combination of any two or all of the three.
- (ii) The success of a particular doctoral programme can be assessed by how well it prepares those who complete it to perform their duties in Community Health work effectively. This demands a kind of education which results in an understanding of the basic philosophy required, and in the ability to comprehend the concepts and to use the tools of sciences basic to the speciality. In addition the graduate must sharpen and practise such inherent leadership qualities as he may already possess.
- (iii) Core curriculum

Some degree of general competence is required in each of these areas (administration - teaching- research in administration) even though the post-graduate expects to concentrate in only one or two of them. Thus in organising the content for Post-graduate education in Community Health, it is felt that there should be a core curriculum common to all the three areas. At this point the details of relationship of the core curriculum at the doctoral level and the core curriculum at the diploma level in community Health was also considered. It was felt that the entire curriculum could be planned in phases as hereunder:-

<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>
Core curriculum for diploma level	Core curriculum for doctoral level.	Elective and special work in one of the following areas	Thesis
		Administration (a) General (b) Hospital	
		Research in administration Teaching PSM	

As the core curriculum for the diploma level has been dealt with separately in the earlier part of the report, it is not considered in detail in this Section.

...contd/-.

Therefore, whilst organising the content for Post-graduate education in Community Health, it must be kept in mind that:

- (a) The candidate for the doctoral degree must know how to diagnose Community Health problems and how to plan, execute and evaluate the programmes designed to deal with such problems.
- (b) The candidate for the doctoral degree must be familiar with the potentialities and methodology of research in solving administrative and educational problems. He must also be stimulated to adopt research techniques in solving day to day problems.
- (c) The candidate for the doctoral degree must understand the learning process and how teaching may be based on this understanding so that it is more effective in reaching educational objectives in the following situations:
 - 1) For teaching medical undergraduates, in preventive and social medicine, integrated teaching with clinical departments will play a special role.
 - 2) For teaching students of community health administration, including the effective use of field areas.
 - 3) For teaching associates of the administrator in his own department or office, where proper types of communication can facilitate the two-way flow of information and ideas.
- (d) The holders of a doctoral degree in Community Health work, will be expected to have special competence in some one of the three fields mentioned at the outset. The educational programme in the selected special field must go much deeper into the administration, teaching or research in administration. Special skill must be developed in the special field and this will demand supervised experience and systematic analysis of that experience. The candidate will gain some sense of assurance and know-how in design and conduct of research through preparation of a thesis based on original work.

(4) General Content:

The general content is stated in general terms in Schedule -II, without attempting to go in details.

Certain subjects were mentioned that the group agreed should

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be included under the appropriate major heading i.e. national planning and its relationship to health planning, public relations, fiscal management, legal aspects of health administration, genetics, role of social and voluntary agencies in health work evaluation and International Health.

(5) Adequacy of existing Doctoral Programme -

On examining the question of whether existing doctoral level programmes meet the needs specified above, the conclusion arrived at is that some of the existing doctoral level programmes in the country in the form of MD in preventive and social medicine represent a fair attempt to equip teachers for work in the medical college departments of social and preventive medicine.

The large group of those with major administrative responsibilities is not as well served at present by some of the existing doctoral programmes, and considerable modification is required for this need to be met, (the group did not feel that it was in a position to make detailed examination of the existing programmes without more information.)

(6) For the proposed MD(CH) degree as compared with the present MD(PSM), the following recommendations are made:

- (i) More emphasis should be placed on the sciences basic to health administration:
 - (a) Behavioural Sciences,
 - (b) Public Administration
 - (c) Health Economics.
- (ii) Greater stress on programme administration and planning, rather than on technical details of programme e.g., MCH & FP.
- (iii) More emphasis on hospital administration and other medical care administration.
- (iv) Greater stress on research methodology and greater familiarity with work study, action research and operational research, etc. as research tools.

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(v) Less emphasis on technical aspects of conventional public health disciplines and practice, e.g., micro-biology, protozoology, food and drugs standards and standardization, sanitary engineering etc. etc.

(vi) Greater emphasis on learning in live situation.

(7) Duration

The Workgroup recommended that the duration of the doctoral programme in Community Health (MD type) should be the same as for other MD degrees in force. For those who hold a diploma in this speciality residency will be for one academic year. Thesis work may be carried out either in the institution or in the field. Further the Workgroup reiterated that the total duration of the programme should be in consonance with other MD degrees.

(8) Enforcement of Standards -

Enforcement of standards of education in Community Health may be done by the same organisation as for other medical degrees i.e. the Medical Council of India. It is recommended and reiterated that there should be an adequate representation of community health in the Council.

Although a diploma in Community Health need not be demanded as a pre-requisite for admission to the doctoral level programme, people with diploma may be preferred for such a programme. Candidates for doctoral degree who already have a diploma should, however, not be exempted from any part of the examinations. Further, it was also agreed that holders of a diploma may receive relaxation in the period of training.

(9) Incentives -

States may consider selection of suitable candidates from medical and health services and place them in training reserve.

...contd/-.

-: 28 :-

During the period of training those medical officers should receive full pay and allowances. On their obtaining the degree, the medical officers will be entitled to a specialist pay. In due course the posts enumerated in Schedule-I should be filled only by medical officers who hold the stipulated qualification. Weightage may be given to the degree during promotions.

Schedule - I

I. Jobs in Central Agencies

- (a) Directorate General of Health Services
 - (i) Director General
 - (ii) Additional Director General
 - (iii) Deputy Directors General
 - (iv) Assistant Directors General
- (b) Department of Family Planning & M.C.H.
 - (i) Commissioner
 - (ii) Deputy Commissioners
 - (iii) Assistant Commissioners.
- (c) Regional Officers of National Programmes
- (d) CGHS- Administrative Posts.
- (e) Armed Forces- Admin. Posts.
- (f) Railways- Admin. Posts.
- (g) Administrators of Centrally Administered Hospitals, and agencies like the Employees State Insurance Corporation.

II. Other jobs in Central Agencies

- (a) Central or Regional Institutes concerned with teaching Community Health Administration, or other aspects of Community Health e.g., AIH&PH, NIHA, Regional P.H. Institute, NICD, CFPI, CHEB, AFMC, etc.

III. Jobs in State & Territories

- (a) Directorate of Health
 - (i) Director
 - (ii) Joint Directors
 - (iii) Deputy Directors.
 - (iv) Assistant Directors.
- (b) Districts.
 - (i) Chief District Medical Officer
(If not yet integrated; the Civil Surgeon and the DMCH)
- (c) Medical Colleges- Teaching Hospitals
 - (i) Professor of PSM
 - (ii) Associate Professor of PSM
 - (iii) Assistant Professor of PSM

...contd/-.

-: 30 :-

IV. Jobs in industrial enterprises with major administrative responsibilities.

- (a) Public Sector enterprises.
- (b) private Sector enterprises.

1. Sciences Basic to Health Administration and to Research in Administration.
 - (a) Social Sciences.

Sociology, Social Psychology: Social and Cultural Anthropology, Economics and Political Science- Public Administration and Health Education.
 - (b) Bio-Statistics.
 - (c) Epidemiology.

(Non-communicable as well as communicable diseases)
2. Applied aspects of Health Administration.
 - (a) Health Administration
Administration of Medical Care of the sick as well as "conventional" public health administration.
 - (b) Family planning.
Taught as a special programme to illustrate basic administration and extension education concepts.
 - (c) Administrative Aspects of Certain Special programmes,
 - i) Communicable Disease Control
 - ii) Environmental Health
 - iii) M.G.H. & School Health
 - iv) Occupational Health
 - v) Mental Health
 - vi) Nutrition
 - vii) Degenerative Diseases.
3. Research Methodology in Health Administration
4. Thesis.
5. Electives.

4. PLENARY DISCUSSIONS ON GROUP REPORTS

The kernel of this Workshop was in the discussion groups, their deliberation, findings and recommendations. The three group reports aroused incisive discussions in the plenary session^{on} the concluding day. Agreement at the Workshop level on the recommendations of the work groups on the three levels of postgraduate education in community health viz. orientation training, staff college course and diploma level education was near unanimous. The Workshop recommendations on training at the doctoral level, however, evoked a discussion at the plenary session which did not end in categorical decisions on some aspects. The Work group recommendations on the three items were approved by the Workshop as a whole, with the following further comments or elucidations.

4.1 Orientation and Staff College Course

The main areas of discussion were as to who should receive training, what should be its content and duration, and at what intervals should refresher training be provided in the service career of an individual. While endorsing the recommendations of the group that initial orientation training should be common to all medical officers and periodic refresher courses should be provided at an interval of five years, the Workshop strongly supported the provision for continued education of the community health physician through regular supply of journals and literature.

With reference to staff college, the inadequacy of seats for staff college level of education and the urgent need to expand the facilities were discussed and the Workshop was of the opinion that one more institute besides NIHAE needs to be established to develop the staff college training so as to handle the estimated training load. Minimum duration of the staff college was considered to be 10-12 weeks. The Workshop reiterated that not more than two staff college courses each of twenty participants should be conducted by an institute in one year. The Workshop agreed unanimously with the recommendations of the work group on these major issues.

4.2 Diploma level education

With regard to the diploma level education the two outstanding areas of discussion were, the change of nomenclature and the field practice areas.

Firstly, there was general agreement that the name should be more expressive of the new course objectives and contents envisioned so as to help modify the existing image and that a committee be appointed to look into this. Secondly, the district should be the minimum unit for the field practice area. On most issues viz. who should be trained, when should the training be given, as also what should be the training content and duration, there was complete agreement at the plenary session with the group recommendations. It was emphasised that employing authorities like States and Public Service Commissions should accept only candidates holding recognised diploma qualification and that to help ^{maintain} standards, diploma courses should only be started at places where adequate facilities, faculty and finances are available to provide the new curriculum content recommended.

4.3 Doctoral level education

The report of the Work group on Doctoral level education aroused a good deal of discussion in Plenary Session. The main points discussed are summarized below:

- (1) Should there be two different doctoral level programmes?
 - (i) M.D. in Community Health for Community Health Administrators and
 - (ii) M.D. in PSM for teachers of PSM in medical colleges OR
- (2) Should a single doctoral level degree be provided to include BOTH of these groups?

The Work group agreed that even if there were to be single degree, there would need to be separation of the two groups during the latter part of the programme.

- (3) If the single degree plan should be adopted, what would be the future status of those holding the now current M.D. in PSM?
- (4) What elements are required in a doctoral level programme for community health administrators which make such a programme different from the present M.D. in PSM, and what differences in faculty and facilities would be required?

1-2 The Report of the Doctoral level Committee was so worded that some readers were not clear in their minds about whether the group was recommending two different degrees or a single degree. Discussion brought out the fact that the group itself had been ambivalent on this point in its own discussions. Initially the group accepted the M.D.-PSM for teachers in medical colleges and idea of two separate degrees, i.e. M.D.-Community Health to meet the requirements of administrators. However, late in its discussions, the group revised its stand and ended up recommending only one degree in which Phases I & II would be the same for both PSM teachers and for administrators, with differentiation taking place in Phases III & IV.

Even after this explanation was made, it was evident that some confusion still existed in the Plenary Session. Some participants felt that a single degree could be worked out without great difficulty, providing changes recommended in Item 6 of the group report were made and if additional faculty members were added. Others said that it would be preferable not to change the present M.D. PSM very much since it already has approval by the Universities and by the Medical Council of India; it would be better, they thought to have a new and separate M.D. in Community Health.

There was no disagreement however on Item 5 of the group report on the adequacy of existing Doctoral programme.

On examining the question of whether existing doctoral level programmes meet the needs specified above, the conclusion arrived at is that some of the existing doctoral level programmes in the country in the form of M.D. in preventive and social medicine represent a fair attempt to equip teachers for work in medical college departments.

The large group of those with major administrative responsibilities is not as well served at present by some of the existing doctoral programmes, and considerable modification is required for this need to be met.

The Chairman finally summed up the discussion and made a suggestion which seemed to meet with general approval. He proposed:

Let the M.D.-PSM remain as it is, and start a new M.D. in Community Health in a kind of experimental approach to see how the needs of administrators may best be met. After this plan has operated for a reasonable period, it could then be decided whether it would be better to continue separately or to merge one with the other.

- 3) If the single degree plan should be adopted, what would be the future status of those holding the now current MD in PSM?

The question was raised, if there were to be a single degree, what would be the status of those who hold the MD-PSM? Would teachers of PSM in medical colleges be required to also obtain a M.D. in Community Health?

The Work group had inserted a sentence on this point in item 2 :

"The present holders of M.D. in PSM should be considered as equivalent of M.D. in Community Health."

When it was said that such a statement was not necessary, Dr. Kar objected feeling that it would be important. With other participants not agreeing to retain the sentence, Dr. Kar asked that his objection be recorded.

- 4) What elements are required in a doctoral level programme for community health administrators which make such a programme different from the present M.D.-PSM, and what differences in faculty and facilities would be required.

Item 6 of the Doctoral level group Report makes general statements about areas which would require different subject matter and emphasis, and there was no disagreement with this statement. When a request for more detail came, it was pointed out that the group had been asked to avoid detail at this time, and instead to think in general terms.

Though it was clear that additional faculty would be needed, no attempt was made to spell this out in detail.

Other items of the group Report were accepted by the Plenary Session, with the idea that recommendations about standards and incentives should be harmonised with recommendations of the Diploma level group.

4.4 The Mechanism of setting and enforcing standards and implementation of the workshop recommendations

The Workshop was in agreement with the suggestions made by the three work groups for the enforcement of standards.

For implementation of the Workshop recommendations three alternatives were suggested:

- (1) Circulate a memorandum along with recommendations to Universities, Ministeries of Health at the Centre and State, and professional bodies like Indian Association for Advancement of Medical Education, Indian Public Health Association, Indian Association of Medical Sciences. In light of suggestions received, NIHAЕ faculty may make suitable alterations and in the case of major alterations members of the 'expert core group' should be consulted before finalising the recommendations. Finally the recommendations may be placed before Ministry of Health, Central Health Council and the Medical Council of India for implementation.

OR

- (2) Follow this Workshop by a larger conference in order to create a wider wave of influence and acceptability, have across the table discussion, modify recommendations and finally place recommendations before the Ministry of Health for implementation.

OR

- (3) NIHAЕ prepare and present a report of this Workshop to the Committee. The Committee will make the final recommendations to the Ministry of Health, who will then move for implementation by State Health administrators and universities in the country.

5. RECOMMENDATIONS BY LEVELS OF TRAINING

The Workshop broadly arrived at the following recommendations in respect of various levels of training:

5.1 Orientation Course

- (1) An initial orientation training be provided common to all medical officers irrespective of type of posting.
- (2) A minimum of two 'refresher' type of training courses be provided approximately at an interval of five years during the service period of an individual officer.
- (3) Some sort of orientation courses are necessary for officers other than medical and para-medical personnel, who participate in various ways in health services such as community development personnel.
- (4) The minimum duration of initial training be 8-12 weeks and refresher training 2-3 weeks.
- (5) Preferably the orientation course should be completed before confirmation in service and refresher type of training courses before crossing the efficiency bar.
- (6) Orientation training should be a participative type of training, preferably in a medical college complex with rural and urban health centres
- (7) There should be no formal examinations and the trainees should be evaluated periodically.
- (8) Continued education should be provided through the supply of journals and literature throughout the service period.

5.2 Staff College

- (1) The focus of staff college training is on very senior officers and it would be desirable that it be required before senior posting.
- (2) The duration of the staff college course should be a minimum of 10-12 weeks

- (3) Not more than two staff colleges should be conducted by an institute during one year and the number of participants in each staff college should not exceed 20.
- (4) In addition to NIEAE at least one more institute should develop staff college training in India. Need for additional institutes may be reviewed after 2-3 years.
- (5) The evaluation of staff college should be routinely carried out through a follow-up of participants, and an opinion survey of the participants and their supervisors.

5.3 Diploma level education

- (1) In order to modify the image and make it more expressive of the new objectives and content envisioned, There was unanimous agreement upon the need for change of nomenclature. It is suggested that a Committee be appointed to look into this question.
- (2) All officers at district level and above should have diploma as required qualification.
- (3) Considering the rough estimates of the number of people who require diploma level training at various levels, it was recommended that 100 approved seats in addition to the existing ones be established for training new entrants and short courses be developed at various centres for clearing the backlog.
- (4) Since most of the academic year is spent at present in supplemental and review subjects, it is recommended that steps should be taken to strengthen the undergraduate teaching in the department of preventive and social medicine in order to remove supplemental subjects completely from contents of diploma courses within a period of 10 years. For the time being it is recommended that out of 10 months during one academic year one month be devoted to supplemental and review subjects, 6 months to essential subjects, 3 months to specialties.
- (5) It is recommended that a minimum period of 8 weeks should be provided for supervised field experience and that this period may preferably be in addition to the academic year making the total period of training as one full calendar year.

- (6) To meet the low demand for training in community health it is necessary to provide incentives. The Workshop therefore recommends the following incentives:
- (i) that the medical students should be given an early exposure to theory and practice of community health and the courses offered in the department of social and preventive medicine be made more challenging in order to create interest and positive attitude among medical students. The Workshop is also of the opinion that a system of University examination in social and preventive medicine be introduced in all Universities.
 - (ii) out of the existing scholarship by the Government of India for postgraduate students, a high priority may be given to those training in community health. The undergraduate students showing an aptitude for community health may be given fellowship for pursuing their studies.
 - (iii) The fellowships offered for postgraduate students to personnel already in service, should be in addition to all emoluments as appears to be the practice in the Armed Forces Medical Services of India.
 - (iv) since enough fellowships for diploma level training are available with international agencies and are not being fully utilised, the Workshop recommends that the fellowships offered by international agencies should be fully and adequately utilised in order to strengthen the faculty of departments of community health.
- (7) Since the diploma courses are mainly meant to prepare administrative competence for administrators manning the posts at a district level, it is recommended that a district should constitute the minimal unit for field practice area.
- (8) In order to ensure good cooperation, the district and municipal health officers rendering services in the field practice area should be given teaching status and teaching allowances.

- (9) Hostel accommodation for new as well as old seats and adequate transport, and suitable library facilities should be provided.
- (10) In view of the wide range of subjects essential for diploma course certain disciplines emphasised in the objectives for running the course should be provided. In general, teacher student ratio 1 : 3 is recommended.
- (11) UNICEF and WHO may be requested to support the programmes at the postgraduate level for training in community health work as they do at the undergraduate level at present.
- (12) To ensure standards, it is recommended that diploma course should be recognised or started only at places where facilities, faculty and finances are adequate.
- (13) Employing authorities like States and Public Service Commission should accept only candidates holding recognised diploma qualifications.
- (14) It is recommended that while the present system of examination as laid down by Universities and recognised by Indian Medical Council may continue, the assessment of student performance by faculty should be given a higher weightage in final overall assessment.

5.4 Doctoral level education

- (1) A doctoral level degree in community health as an additional qualification is desirable for positions involving major administrative responsibility.
- (2) Doctoral level education is an essential qualification for teachers of social and preventive medicine
- (3) The core curriculum for doctoral level should include the core of the diploma programme.
- (4) Holders of diploma should get relaxation in the period of training for the doctoral degree, but not be exempted from any part of the examination

- (5) The existing doctoral level programmes do not meet the needs of administrators with major responsibilities and it is therefore recommended that a new type of doctoral degree in community health be established.
- (6) This degree should place more emphasis on public administration, health economics, programme administration and planning, hospital administration and medical care administration, research methodology, action research and operational research.
- (7) Emphasis should be placed on learning in live situations "that is learning by doing".
- (8) This type of new doctoral degree in community health should be started with experimentation in curriculum and methodology.

APPENDIX I

LIST OF THE PARTICIPANTS

<u>State/Organization</u>	<u>Sl.No.</u>	<u>Name of the Nominee</u>	<u>Designation and Address</u>
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>Andhra Pradesh</u>	1.	Dr. D. Sunder Rao	Prof. of Public Health Admn., Osmani Medical College, Hyderabad.
<u>Gujarat</u>	2.	Dr. T.B. Patel	Director of Medical & Health Services, Ahmedabad.
<u>Chandigarh</u>	3.	Dr. C.G. Pandit	Emeritus Scientist, Post-graduate Institute, Chandigarh.
<u>Madhya Pradesh</u>	4.	Dr. J.E. Park	Prof. of PSM, Medical College, Jabalpur.
<u>Maharashtra</u>	5.	Dr. (Mrs.) Usha Shah	Prof. of P.S.M., Grant Medical College, Bombay.
<u>Orissa</u>	6.	Dr. S.B. Kar	Prof. of P.S.M., Medical College, Cuttack.
<u>Uttar Pradesh</u>	7.	Dr. H.S. Gandhi	Reader in S.P.M., G.S.V.M. Medical College, Kanpur.
	8.	Shri T.N. Dhar	Addl. Director of Health and Medical Services, U.P., Lucknow.
	9.	Dr. B.G. Prasad	Head of the Deptt. of P.S.M., Medical College, Lucknow.
<u>West Bengal</u>	10.	Dr. K.C. Sarbadhikari	Director of Health Services, W.B., Calcutta.
	11.	Dr. (Mrs.) Muktha Sen	Consultant & Head of the Deptt. of Social Welfare, Indian Instt. of Social Welfare & Business Management College Sq. (West), Calcutta.

P.T.O.

1	2	3	4
<u>D.G.H.S.</u>	12. Lt. Col. O.P. Verma		Prof. of Public Health Admn. A.I.I.H. & P.H., Calcutta.
	13. Dr. P.R. Dutt		Deputy Director General, (Cholera), Dte. G.H.S.
	14. Dr. M.N. Rao		Director, A.I.I.H. & P.H., Calcutta.
<u>Delhi.</u>	15. Dr. A.K. Banerjee		Prof. of P.S.M., Maulana Azad Medical College, New Delhi.
	16. Dr. D. Anand		Prof. of P.S.M., Lady Hardinge Medical College, New Delhi.
	17. Col. B.L. Taneja		D-348, Defence Colony, New Delhi.
	18. Dr. G.S. Wagle		President-Elected, Indian Medical Association, New Delhi.
	19. Dr. C. Mani		74, Friends Colony, New Delhi. (EX-Regional Dir., WHO, SEARO).
	20. Lt. Col. B.L. Raina		Director, Central Family Planning Institute, New Delhi.
	21. Col. Barkat Narain		President, I.P.H.A., Delhi Branch, D-353, Defence Colony, New Delhi.
<u>W.H.O.</u>	22. Dr. R. Manrique		Fellowship Officer, W.H.O.
	23. Mrs. A.R. Moore		Regional Adviser in Health Education.
	24. Dr. K.L. Hitze		Regional Adviser in Tuberculosis.
	25. Dr. R. Padley		W.H.O. Statistician.
<u>U.S. Embassy</u>	26. Dr. Randall Thompson		USAID, American Embassy.

APPENDIX-II

PROGRAMME OF THE WORKSHOP

February 24, 1969

Registration

Introduction, Objectives and
Mechanics of the Workshop

- Dr.T.R.Tewari

Review of the present
situation in India

- Dr.S.K.Rao

Review of the present situation
in other countries

- Dr.Hugh R.Leavell

Manpower needs for community
health workers at different
educational levels in India

- Dr.S.K. Rao

NIHAE Questionnaire

- Dr.Hugh R.Leavell

General Discussion

Work Groups :

Orientation and staff college course

Diploma level education

Doctoral level education

February 25, 1969

The role of undergraduate teaching
in preventive and social medicine

in relationship to postgraduate
education for community health work - Dr.D. Anand

Group Work

p.t.o.

February 26, 1969 Needs and arrangements for
specialised education in
hospital administration - Dr.A.Timmappaya

Group Work

February 27, 1969 Presentation of Work
Group Reports - Chairman: - Dr.T.R.Tewari

Mechanism for setting and
enforcing standards

Implementation of the Workshop
Recommendations

Summary of the Workshop - Dr.E.G.McGavran

Conclusion

LECTURE PRESENTATION AND DISCUSSIONS

A resume of the lectures and the discussion held during the Course of the Workshop is given below:

(1) (1st day) Review of the present situation in India

The presentation was dynamic and challenging and the following:

- i) the urgency for change, for "diagnosis of the community, pathology and motivation, in presenting effective therapy",
- ii) the concept that clinical preventive and social medicine is not the same as community health;
- iii) that education and training should be developed and administered distinctively for:
 - (a) Clinical specialization including social and preventive medicine
 - (b) General practice taught within the medical college
 - (c) Community health taught by institutes with completely revised curriculum for first-level administrators, and
 - (d) Training Senior health administrators through M.D. Courses, Staff College, etc.

The discussion that followed, focussed on these areas, emphasised the problem and the orientation essential for the basic doctor in community health work, so as to equip him to fill adequately, posts at the primary health centre and similar levels. It also stressed the skills and knowledges that the doctor must have to fulfil his administrative role such as planning and organization, supervision, management and communication techniques. Concern was also voiced for the low priority given to integrated health services as compared to medical care programmes by the directorates of

health services both at the Centre and in the States.

(2) Review of the present situation in other countries

The extensive changes in higher education for health administration in the U.K. and the U.S.A. were summarised. "Conditions are in a state of flux or chaos" the world over. "Dissatisfaction has been wide-spread". Various committees and commissions have confirmed the need for profound change. Emphasis is upon community health, administration and management of comprehensive health care. Health administration is a specialty in medicine. Research and administrative research is essential. The basic diploma or master's course is being lengthened to two years in London, Experimentation in content is being made. Curriculum committees are changing the content continuously. Social sciences are being heavily emphasized. "The diploma courses at present do not prepare the doctor for careers in community medicine. They should be concerned not with the individual medicine but with broad community health needs."

There was general agreement in the Workshop that teaching of community health must be strengthened. The dependence at highest levels on competence in medical Administration calls for strengthening this area in the educational programmes.

(3) Manpower needs for community health workers at different educational levels in India.

The figures of 1968 indicated that of the total 1,18,000 active doctors, 40 per cent were in the public sector establishment and 4.1 per cent in administration (public sector). The employment pattern of the doctors in public sector establishment

indicates that 9 percent are at PHC's, 47 percent are clinical doctors not concerned with community health and 9 percent are administrators, the remaining are employed as teachers, and in local bodies, etc.

The number of doctors needed for district level and below according to recommendations of Bhore, Mudaliar and all other committee reports were enumerated as follows:

(i) 42,880 P.H.C. doctors are needed, 10 times present numbers

(ii) 70,000 hospital doctors are needed, 2 times present numbers

(iii) Projection of number of doctors required to be trained in community health by 1964 was given as:

(a) By orientation	64000	at present	Seats	0
(b) By diploma	6000	1200		137
(c) By doctoral level	1300	75		75
(d) By staff college	1660	100		25

These figures have been arrived at on the basis of norms adopted from the Report of Study Group on Hospitals (1968) conceiving a schematic approach based on a stereotyped district for provision of health care facilities. The assumptions involved therein are:-

(i) the stereotyped district is a self contained unit so as to made available all the comprehensive medical care needed by the population and is easily accessible.

(ii) there will be one primary health centre for every 34,000 population, one taluk health centre with 50 beds for every 136,000 population, 100 bedded subdivisional hospital for every 540,000 population and one 600 bedded district hospital for every 21,60,000 population of a stereotyped district so as to achieve the ratio of one bed per 1000 population by 1964.

(4) NIHAE Questionnaire Analysis.

A questionnaire was sent by the National Institute of Health Administration and Education to 1086 persons in India connected with Post-graduate education in Health Administration in one way or the other to elicit their views on the need and the extent of increase in the facilities for Post-graduate education in Health Administration, changes required in curriculum content and the extent to which the training they already had was useful. Replies received from 302 persons have been analysed and presented.

Eighteen assumptions were made regarding the future course which the health administration in India is likely to take, and the training for health administrators needed to cope with the situation. Responses indicated that a great majority of the respondents realised that the education of Health Workers should be aimed to deal not only with present problems, but also to identify and work towards the future needs the future needs of the country. There is also awareness of the role of new disciplines in the overall development of health care and the need for a multi-disciplinary approach in solving health problems. The consequent changed emphasis needed in education is appreciated.

Sixty seven per cent of the respondents considered that Post-graduate education in Health Administration in India requires more seats than are now available, and that the median number of additional seats required is 57. 54.9 percent felt that, in addition to first level of education at the Doctoral level (M.D. or other Doctoral Degrees) education should also be available for some specialised categories of workers.

Regarding post-graduate education at first level, 70.2 per cent felt that it requires major change to meet modern needs. Respondents thinking about changes required in the curriculum presented some interesting view points. Subjects like integrated health services, family planning, methods of providing health care services to rural areas, health education etc. were thought to require greater emphasis. Divergent views regarding emphasis were expressed by different categories of respondents on certain subjects like Hospital Administration, Medical Care Administration, Planning in Health Services, Social Sciences, Laboratory aspects of Microbiology etc. Heavy emphasis on laboratory aspects of microbiology and sanitary chemistry has been characteristic of public health teaching in the past. Since the modern health administrator is not expected to do laboratory work, as this is done by his team mates, the questionnaire respondents evidently recognised this trend, giving low ranking to laboratory aspects of microbiology and sanitary chemistry, indicating that these two areas of teaching require reduced emphasis.

The morning discussions gave opportunity for the participants to express their concern, with much emphasis on the questionnaire, needed change and its direction and emphasis on undergraduate education. The afternoon discussion focussed itself on the levels required for post graduate education. A note of warning was sounded at the very beginning for the need to analyse the situation honestly, as to what is needed and that it must be clearly understood that medical colleges and departments of preventive and social medicine are unable to give adequate instructions in community health needed for primary health6/-

centres, hospitals, municipalities and industries etc. Training to meet both national and individual needs was again emphasised.

It was brought out that first level graduate education should involve inservice training, orientation and short courses for the vast numbers needing some working knowledge in community health for assignment to primary Health Centres or similar levels. That Second level Graduate Education in community health was needed for the significant number of supervisory and managerial staff such as at the district level. That for top level leadership training in community health a much more sophisticated knowledge is needed for hundreds of administrators through a doctoral programme and through staff college technique.

(5) (2nd Day) The Role of Undergraduate Teaching in Preventive and Social Medicine in Relationship to Postgraduate Education for Community Health work.

Three objectives of undergraduate teaching in preventive and social medicine were given as:

- (i) To prepare to practice preventive medicine as an essential part of curative medicine, with focus upon the individual patient and his family for comprehensive health care.
- (ii) To be aware of community health facilities for the use of the individual and family.
- (iii) To stimulate a few bright minds to specialize in administrative medicine and teaching social and preventive medicine.

Brief review of teaching contents of the department of social and preventive medicine for the undergraduates emphasised the clinical aspects:

- (i) of vital statistics and biostatistics
- (ii) of communicable disease and epidemiology.
- (iii) of nutrition and personal health services- family planning

(6) (3rd Day) Needs and Arrangements for Specialised Education in Hospital Administration.

The hospital as a community agency is concerned with community health- comprehensive health care. The hospital administrator should be then not just a medical care man, but truly a health care man.

Specialised distinctive training for the hospital administrator is needed since he must handle not only a large component of clinical services, medical care including preventive service, but also he must administer the components of community health and provide community leadership. The larger the hospital the more complex is the administration and need for skills of the managerial physicians to view the interrelations with community and other agencies and disciplines. On top of this the hospital is becoming also an educational institution with all the additional skills and knowledges of the educational component.

All "reports" of experts call for the institution of and change in this direction and such training and education has finally been started. Needs far outrun even the plans. The facilities must be developed for training hospital administrators and the content standardized. The logical institutions to do this are the schools and institutes of public health- the urgency is great.

It was the concensus that the community health administrator must have competence in hospital administration and that the diploma and degree programmes in community health should provide the faculty and facility, the content and curriculum necessary to do this.

Appendix IV

Assignment of participants to various work groups

WORK GROUP

	<u>Orientation and Staff College Course</u>	<u>Diploma level Education</u>	<u>Doctoral level Education</u>
Participants	1. Dr. A.K. Panerjee 2. Col. T.D. Chablani 3. Shri T.N. Dhar 4. Col. Barkat Narain 5. Dr. D. Sundar Rao 6. Dr. (Mrs) Mukta Sen 7. Dr. C.S. Wagle	1. Dr. H.S. Gandhi 2. Dr. R. Manrique 3. Dr. J.E. Park 4. Dr. T.B. Patel 5. Dr. (Mrs) Usha Shah 6. Lt.Col. C.P. Verma	1. Dr. B.G. Prasad 2. Dr. C.G. Pandit 3. Lt. Col. B.L. Raina 4. Dr. M.N. Rao 5. Dr. K.C. Sarbadhikari
Chairman	Dr. C. Mani	Dr. Edward G. McGavran	Dr. Hugh R. Leavell
Rapporteur	Dr. P.R. Dutt	Dr. D. Anand	Dr. S.B. Kar
Resource Person	Dr. A. Timmappaya Dr. S.K. Rap	Dr. (Mrs) Prabha Malhotra	Dr. D. Banerji

APPENDIX V

BACKGROUND DOCUMENTS*

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2. An Introductory Note on Post-graduate Education for Community Health Work (NIHAЕ)
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10. Editorial - A new look at the DPH - Lancet, Vol.I, No. 7538, pp. 345-346, 17 Feb. 1968.

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17. Rao, Krishnaswamy, S - Post-graduate Education for Community Health Work - A review of the Present Situation in India.
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Work group on orientation/Inservice/Short Courses etc.
(Other than doctorate, diploma & Staff College Courses)

Terms of Reference

Section-I Need

Is there a need for any kind of training such as orientation/short courses/inservice training etc for medical officers, other than the diploma or staff college courses.

- (a) If so, is it only in the beginning of his service or should it be repeated periodically?
- (b) Should there be a common training for all the new entrant medical officers or should it be separate, for those working in the periphery such as working in PHCs, those working in non-teaching hospitals (Dist & Taluk), those working in teaching hospitals and those working in medical colleges & research jobs etc?
- (c) Should we have some kind of training or short courses, for personnel promoted to the posts of Distt. Health Administrators or other senior administrative posts or should they be required to get a diploma/degree in P&SM before promotion to Distt. level health administration.

Section-II Objectives and Purpose:

- (1) What should be the objectives of the training for each of the categories mentioned above?
 - (a) New entrant medical officer.
 - (i) Should the objectives be limited to his orientation to the organisation in which he is to work and his position in the same?
 - (ii) Should it also include aspects of Community Health Administration at the junior level so that he is better prepared for the responsibilities that he has to undertake on joining service?
 - (b) What should be the objectives for the periodical training?
 - (c) What should be the objectives for the orientation training for higher administrative posts?

Section-III Positions and training load

What are the various positions for which the training has to be undertaken and what would be the estimated number to be trained?

- (a) initially.
- (b) periodically.

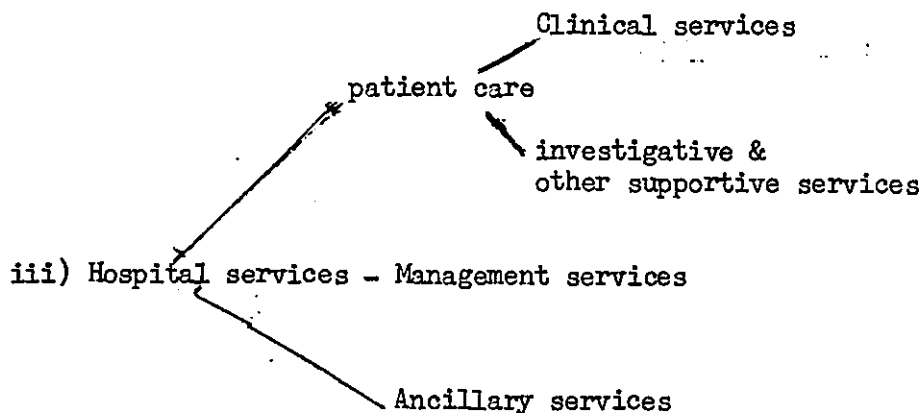
Section-IV Contents

What would be the content of training for each of these types - namely (a) new entrants.
(b) those already in service.
(c) those on promotion.

Subjects

(a) Administration of:

- i) "Preventive and promotional health services."
- ii) Medical care services.



- (b) Social Science.
- (c) Public Administration.
- (d) Epidemiology.
- (e) Biostatistics.
- (f) Health Education.
- (g) Any other subjects.

Section-V Duration

What should be the duration of training for each of these categories?

Section-VI Incentives

- (a) Should it be made compulsory for a candidate to have had a satisfactory completion of this course before confirmation in service - as we have now of Account Tests, Language Tests etc?
- (b) Should completion of "periodically conducted course" be made the criterion for having passed the efficiency bars for promotion to higher categories?

Section-VII. Other matters

- (a) Extent of practical training.
- (b) Responsibility while being trained.
- (c) Examination or evaluation or review after training.
- (d) Agencies required to give this training.

Work Group on Staff College

Terms of Reference

Section-I Need for Staff College Level Education:

For what jobs is staff college type education necessary (or very desirable)? - What should be the target group for staff college type of training?

- (i) Whether this type of training should precede the jobs for which they are assigned. If so, what are the reasons?

OR

- (ii) Should it be given after a person is on the job that needs this type of training?

Section-II Objectives and Purpose:

List out what changes in the terminal behaviour you would like to see amongst the participants at the end of training in staff college?

In terms of the above, how would you state the objectives of the staff college type of education? Example -

- (i) Should it be concerned only with transmission of body of knowledge and principles?
- (ii) Should it help in developing the men and women and their capacity for unlimited self education throughout their subsequent careers?
- (iii) Should it serve as a forum favourable to exchange of experiences and its systematisation for drawing generalizations for tackling future problems arising on the job?
- (iv) Should it help to acquaint the administrator with newer community administrative and education concepts and techniques?
- (v) Should it acquaint the administrator with potentialities and methodology of research and stimulate its adoption in solving day-to-day community health problems?
- (vi) and others - specify.

Section-III Numbers and Training load:

- (i) What target groups need this type of training and how are the numbers needing such training be estimated?
- (ii) In terms of the target groups identified above, is there a way for estimating the backlog of such numbers?

Section-IV Contents:

What should be the broad general area of content of the staff college course relative to objectives? Should they include the following?

- (a) Sciences basic to community administration -
 - (i) Social Sciences
 - (ii) Public Administration
 - (iii) Health Economics
 - (iv) Human Needs and Basic Health Services
 - (v) Others
- (b) Skills and Knowledge essential to Administrative Leadership -
 - (i) Community Organization and Community Diagnosis
 - (ii) Management techniques
 - (iii) Fiscal and Personnel Administration
 - (iv) Development Administration
 - (v) Others
- (c) Health Planning and Evaluation -
 - (i) General Planning Principles
 - (ii) Evaluation of Health Programmes -
Administrative and Technical
 - (iii) Research in Administration
 - (iv) International Health
 - (v) Others.

Section-V Duration:

- (i) What do you think should be the duration of the course?
- (ii) What factors do you think need to be considered in general or particular to determine the course duration?

Section-VI Incentives:

- (i) Should departmental regulations require those in staff positions (Section-I) to undergo the staff college course?
- (ii) Should the staff college course be made a pre-requisite to hold certain administrative positions?
- (iii) Should other types of incentives be offered such as monetary, promotion and others?
- (iv) Others.

Section-VII Training Methods and Facilities:

Which of the following method should be used in staff college training?

- (i) Lecture
- (ii) Seminars
- (iii) Panel/Seminar discussions
- (iv) Syndicate discussion group problem solving
- (v) Group field work on problems in health administration and education
- (vi) Case Studies
- (vii) Observational field visits and
- (viii) Others.

Facilities -

- (i) What are the number of institutions and seats available for this type of training? Are they adequate?
- (ii) What additional facilities are required to meet the need?

Section-VIII Standard:

Course Evaluation:

How to evaluate whether the objectives of the training have been achieved?

- (i) Should it be by objective type examination or term paper?
- (ii) Follow-up participants?
- (iii) Opinion survey of the participants after a certain time or opinion survey amongst their supervisors?

Work Group on Diploma Level Education
Of Doctors in Community Health

Terms of Reference

Section-I Need for Diploma level education?

- (a) Is there need for Diploma level education?
- (b) Should this Diploma be comparable or equated with the Clinical Diploma?
- (c) Who needs Diploma in Public Health?
 - (1) Should all District Medical Administrators, Programme Officers, Supervisory District Posts, have the Diploma in Public Health? Required? Desirable?
 - (2) Should we train uncommitted P.H.C. Doctors? Uncommitted to Community Health?
 - (5) Should all State Administrators, Programme Officers and Supervisory Posts, have D.P.H.? Required? Desirable?
 - (4) Should Centre Administrators, Programme Officers, and Supervisory Posts have Diploma in Public Health? Required? Desirable?
 - (5) Should any exception be made for Lady Doctors?
- (d) What part of present Diploma in Public Health do they need?

Section-II Objectives and Purpose - anticipated change of behaviour.

- (1) Is the objective to review Community Health skills and knowledge given in undergraduate training and education? Or to supplement deficiency in undergraduate training? Or should this be done in "Orientation short course"?
- (2) Is the objective to give specialized competency in Community Health - Specialization in Maternal and Child Health - Epidemiology, Industrial Hygiene, Mental Health, Environmental Health or should this be done after Diploma in Public Health?
- (3) Is the objective to change focus from individual to the community? -
 - (a) Is the objective to gain distinctive knowledges essential to community health?

- i.e. knowledge of social science - community organization - extended education - community epidemiology - environmental health?
- (b) Is the objective to introduce to distinctive skills of community diagnosis? i.e. skills of obtaining community understanding, cooperation and participation?
 - (c) Is the objective to understand concepts of community leadership? i.e. group dynamics - communication, political science, sociology?
 - (d) Is the objective to gain understanding of administrative technique? -
 - (1) Is the objective to develop communication skill in written and spoken medium?
 - (2) to develop competence in supportive supervision?
 - (3) to develop working knowledge of the evaluation and planning process and technique?
 - (4) to develop skills of team work and group work - multi-disciplinary work?
 - (e) Is the objective to only prepare a person for a job or also to provide critical thinking and self education? (old dilemma of Trade School or Education).

Section-III Numbers and training load:

- (1) Should Diploma in Public Health be considered first level? The question is should orientation short course not be first level?
- (2) Estimate number, annual needing training, estimate and number turnover.
- (3) Estimate number of backlog and other.

Section-IV Content:

- (1) What should be the broad general area of content of the diploma course relative to objectives? Should they include the following?
 - (a) Basic Sciences of Community Health - "SUPPLEMENTARY"
 - (1) Science of humanities: Sociology, Social Anthropology, Human Ecology, Basic Psychology, etc.

- (2) Bio-statistics
- (3) Principles of Epidemiology
- (4) Microbiology consisting of Virology, Bacteriology, Immunology, etc.
- (5) Helmenthology and Protozoology
- (6) Medical entamology
- (7) Applied Genetics
- (8) Elenents of Communicable Disease Control
- (9) Ecology
- (10) Other.

(b) Skills and Knowledge essential to administrative leadership - "CORE"

- (1) Community organization
- (2) Group psychology and group dynamics
- (3) Inter-personnel relations
- (4) Power structure, political structure
- (5) Community development
- (6) Newer methods and science of public administration, management techniques, budgets, records, supportive supervision.
- (7) Communication science
- (8) Other.

(c) Skills and Knowledge essential to specialities of Community Health as: - "SPECIALTY"

- | | |
|---------------------------------|---|
| (1) Epidemiology | Health education |
| (2) Maternal and Child Health | Industrial or Occupational health |
| (3) Environmental Health | Bio-statistics |
| (4) Medical Care Administration | Hospital Administration |
| (5) Sanitary Chemistry | Integrated health services and community health administration. |

- | | |
|---------------------------------------|---|
| (6) Demography and
Family Planning | Geriatrics |
| (7) Mental Health | Planning and Evaluation
of health programmes |
| (8) Nutrition | |
| (9) International Health | Food Adulteration |
| (10) School Health | Rehabilitation
Sanitary engineering
Public Health Chemistry |
| (11) Other | |

(d) What else should be included?

- (2) What is the opinion of the group regards the place of Core Courses, versus Supplemental Courses versus Specialised Courses? If this is recommended.
- (3) What should be the contents of the 'Core Curriculum'? What should be the contents of the supplement and specialization?
- (4) Do presently existing diploma level programme meet the needs identified above?
- (5) Which of the following alternatives would be preferable?
- (a) Continue as at present, without much change?
 - (b) Continue with the present overall programme but make a some major changes (Please list changes, advised).
 - (c) Some other arrangements would be preferable, such as WHAT?

Section-V Duration:

- (1) What do you think should be the duration of the course?
- (a) Supplemental?
 - (b) Core?
 - (c) Specialty?
- (2) What factors do you think are to be considered in general or in particular to determine the duration of the course? If the existing practice is taken as a guide, what changes would you propose and why?

- (3) What importance would you give to supervised field training in terms of fixing the duration of the course?

Section-VI Incentives:

General Considerations:

- (1) Why does specialization in the field of public health have the lowest demand at present? Only very few volunteers?
- (2) Should Departmental regulations require those already in public health field to have diploma in public health?
- (3) Should Diploma in Public Health and allied qualification be necessary at all levels in government service? (This would, then, mean that every M.B.B.S. should also take the Diploma in Public Health).
- (4) If the answer to question (3) is in the negative, at what levels should it be essential, desirable, optional and why?
- (5) If people are not very enthusiastic in taking Diploma in Public Health etc. would it be desirable to offer 'Incentives'? If so, what type of incentives would you consider? - such as: monetary, promotion, higher studies?
- (6) Should Diploma in Public Health be an essential requirement for Administrative posts at the District level and higher levels?

Section-VII Method of Training and Facilities:

- (1) Should the chief purpose of Diploma in Public Health be to impart factual knowledge and technical information or to stimulate the process of critical thinking and self-education later on? - Old question of Trade School versus Education
- (2) Which of the following methods should be used in the Diploma in Public Health Curriculum?
 - (a) lecture
 - (b) seminars
 - (c) laboratory instruction
 - (d) field work
 - (e) other
- (3) What should be the percentage of time on each of these methods of teaching in the Diploma in Public Health curriculum?

- (5) Should the type of training envisaged be imparted by public health institutes or Preventive and Social Medicine department in medical colleges?

Section-VIII Standard:

- (1) Is it desirable to work toward standardization and uniformity of Diploma in Public Health courses?

- (2) What should be the minimum standards with regard to-

- | | |
|-----------------------------|---|
| (a) admission of student | Basic qualification of students - experience prior to admission of student. |
| (b) Course | Contents?
Duration of course?
Methods of instruction? |
| (c) Testing and Examination | (i.e. student evaluation) |

- (3) What should be the minimum standard for an institution that gives the Diploma in Public Health? - In term of - curriculum
staff facilities
equipment and
students

- (4) What agency should be responsible for accrediting institutions?

University?
Medical Council of India,
Central Board of Examination?

Work Group on Doctoral Level Education

Terms of Reference

Section-I Need for Doctoral Level Education

For what types of job is doctoral-level education necessary (or very desirable)?

- 1.1 Job likely to be taken up immediately after doctoral qualification
- 1.2 Job likely to be taken up only later on, after some years of experience.

Section²II Objectives and Purpose:

How would you state the objectives (aims or purposes) of doctoral-level education for community health work?

Would you agree with the following statement or something like it?

- 2.1 The main objective of doctoral level work is to provide the kind of education which will fit a man ultimately to be a top-level leader in the specialty of community health work. This leadership may be in any of the three areas of:

Administration
Teaching OR
Research in Administration.

or in a combination of any two or all of the three.

- 2.2 General competence

Some degree of general competence is required in each of these areas even though the graduate expects to concentrate in only one or two of them. The types of general competence needed is spelled out in the statements below (2.3 - 2.7). These statements indicate in a general way the content of a 'core' curriculum common to all three areas.

- 2.3 General areas

The success of a particular doctoral programme will depend on how well it prepares those who are graduated to perform their duties in community health work effectively. This will demand a kind . . . 2

of education which results not only in An understanding of the basic philosophy required and not only in the ability to understand the concepts and to use the tools of the sciences basic to the specialty. In addition, the graduate must sharpen and practice such inherent leadership qualities as he may already possess,

And he must believe in the value of multi-disciplinary teamwork, and prove to his co-workers that he has that belief.

2.4 Administration

He must know how to diagnose community health problems, and how to plan, execute and evaluate treatment to alleviate, control or eradicate those problems.

2.5 Research

He must be familiar with the potentialities and methodology of research in solving administrative and educational problems, and he must be stimulated to adopt research techniques in solving day-to-day problems.

He will need to gain some sense of assurance and know-how in the designing and conduct of research through preparation of a thesis based on original work.

2.6 Teaching

He must understand the learning process and how teaching may be based on this understanding, so that it is more effective in reaching its objectives.

Teaching applied particularly to two areas:

1. Teaching Preventive and Social Medicine to medical undergraduates, in which teaching with clinical departments should play an important role.
2. Teaching community health administration in educational institutions set up for this purpose.

2.7 Special Competence in One Area

The holder of a doctoral degree in community health work will need to have, and will be expected to have, special competence in some one of the three fields mentioned at the outset.

The educational programme in the selected special field must go much deeper into administration, teaching or research in administration. Special skills must be developed in the special field, and this will demand supervised experience and systematic analysis of that experience.

Section-III Numbers and Positions - Training Load

- 3.1 Roughly how many posts are involved in India for each type of work listed on under 2.0 above?

Section IV Content:

- 4.1 What should be the content of doctoral-level educational programmes in India? (Please state in general terms, without going into details).
- 4.2 Do presently existing doctoral-level programmes meet the needs identified above, or would some of these needs remain unmet if the present situation were to continue?(Please give more than 'yes' or 'no' answers.)
- 4.3 Which of the following alternatives would be preferable:
- 4.3.1 Continue as at present, without much change
- 4.3.2 Continue with present doctoral-level programmes, but make some major changes according to the following general ideas(list them, please)
- 4.3.3 Continue the present doctoral-level programme in preparation for certain types of posts, and develop a new type of doctoral programme for other types
- 4.3.4 Some other arrangement would be preferable, such as _____?
- 4.4 Should there be a 'Core Curriculum' required of all candidates, with some electives, or should all students be required to take the same curriculum?
- How should this 'Core' relate to 'Core' for diploma level?
- 4.5 Should candidates for any of the posts identified above have more of clinical instructions than others? ('Clinical' as used here refers to care of individual patients).

Section-V Duration:

- 5.1 What should be the duration of doctoral level education?
- 5.2 What period should be in actual residence at the educational institution and what proportion of time required may be spent elsewhere?
- 5.3 Should duration required be comparable to that for specialization in Clinical Specialities?

Section-VI Incentives:

- 6.1 What incentives should there be, if any, for a qualified man to take doctoral education?
