

It defies logic that when there is a gross shortage of specialists, male health workers and lab technicians, the ministry is pushing for half baked doctors to man sub centers. It is pointed out that such a provision does not exist in the primary health care structure of the country. The ministry has bent backwards to ask the Planning Commission to create provisions. It is an open secret that private corporate interests have vital stakes in district medical schools. The Government would do well not to end up in a quagmire due to this ill advised initiative.

IMA suggests to the Government to create rural medical colleges instead of rural schools. The concept of reservation for rural students and compulsory rural service of such graduates should be retained. MBBS curriculum can be reoriented to suit the needs of the villages. IMA further suggests to create an All India Rural Health Services with short and permanent commission like the armed forces. Service in villages should be adequately compensated in public sector and special incentives be provided to private sector. Weightage should be given for rural services in either sector for post graduate selection and for entry to medical college or Government Health Services.

IMA also proposes one year compulsory rural services for all new MBBS graduates. This single initiative will provide 30,000 doctors immediately. NRHM funds should be used to strengthen primary health infrastructure. IMA extends its hand of cooperation to the Government. IMA appeals to you and the Government of India to plan for more MBBS graduates to serve in villages and desist from introducing the harmful BRMS short course.

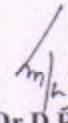
Thanking you

Yours sincerely

On behalf of the medical profession of India,



Dr Vinay Aggarwal
National President



Dr D R Rai
Hony. Secretary General

Copy to:

1. All Members of Parliament
2. Shri Gulam Nabi Azad, Hon'ble Minister of Health & F.W.
3. Board of Governors, Medical Council of India



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November 26, 2011

To
Shri Manmohan Singh
Hon'ble Prime Minister of India
Prime Minister's House
148-B, South Block
New Delhi

Sub: Short term modern medicine course

Respected Sir,

In spite of widespread opposition from the medical profession, media and the public, Ministry of Health is pursuing the ill conceived idea of a 3 ½ year medical course variously called as BRMS, BRHC and BRM with single-minded determination. It has even warned the medical council of India to endorse the course.

Indian Medical Association is concerned with the idea because of its long term negative impact on the health of the nation. Apart from the human rights dimension and the constitutional impropriety, it is surprising why the ministry should stick onto such an unpopular decision. Village Pradhans and Panchayats across the country have expressed displeasure over lack of sensitivity on this issue.

Short course in modern medicine is the legacy of British raj. It was abolished by none other than the first Prime Minister of India Pandit Jawaharlal Nehru. This was based on the elaborate report of Bhole Committee(1946).That he did this in lesser times with lesser facilities speaks volumes about his vision.

IMA shares the concern of your Government on rural health. We appeal to your good office to intervene at this crucial hour to stop BRMS from being implemented. The foremost issue for your consideration is patient safety. It is obvious that the ministry is exposing the citizens to great risk. We bring to your attention that nurses and pharmacists are trained for longer periods. Even veterinary doctors are required to take a course of 5 years.

We firmly believe that diluting the standard of medical education is not the right way to rural health. Absenteeism of doctors posted in villages is a factor of governance. Rural health depends on many other interlinked issues of development like connectivity, drinking water, sanitation and health awareness. Suboptimal impact on disease burden in rural areas is not due to shortage in human resources alone. Vacillation of policy makers and their inability to choose between primary health and vertical programmes is a serious flaw.

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