

PRESENTATION

ON

INCLUSION OF

EXPERIENCED ALLOPATHIC DOCTORS

IN

NATIONAL RURAL HEALTH MISSION

PRIVATE MEDICAL PRACTITIONERS' ASSOCIATION

AN INTRODUCTION AND HISTORY

- ❑ A non governmental representative body.
- ❑ Representative body of millions of experienced doctors.
- ❑ Giving their services in deep rural areas where even after 57 Indian Independence Central and State Government fails to provide basic health services.
- ❑ Was established at the time of Indian Independence.
- ❑ Aim was to get legal recognition for its members by the government.
- ❑ Our founder president filed petition before Rajya Sabha and Lok Sabha petition committee.

PEOPLE ENROLLED WITH US.

- ❑ who had at least ten years experience in the medical field;
- ❑ who were retired male or female compounder / nurse;
- ❑ who had to abandon their regular medical education before completion of the course due to some unavoidable reason(s);
- ❑ who had worked under some qualified medical doctor for 5 to 10 years (or more) in the dispensation of medical service;
- ❑ who had served and therapeutically handled the sick under instructions from and guidance of qualified Medical Doctor, independently; and
- ❑ who by virtue of their successful and skillful treatment, and the practical use of their experience, had established themselves as medical practitioner in their locality and surroundings.

DOCUMENTS TO BE FURNISHED FOR ENROLMENT

- ❑ Certificate from MLA or MP, which the candidate has got 10 years of experience in rural area and the public is satisfied with the treatment of the candidate.
- ❑ Certificate from MBBS for 5 years of training.
- ❑ Undertaking that he would participate in all the training programmes by the association held from time to time.
- ❑ Affidavit from the candidate that he will not use any radiation therapy, any surgery, dangerous drug under schedule.

OUR LEGAL STATUS

1. Our members are covered under the definition of the “Registered Medical Practitioner” given in clause “ee” of Rule 2 of “the Drugs & cosmetic Rules, 1945”.
2. Some of our members are registered in state register and others are eligible for registration as per the order of Government of Rajasthan No. 26(24)ME(Group 1) 82 dated 26.07.82.
3. This order of Government was held by the Honorable Supreme Court of India.

PMP ASSOCIATION- THE CORE AREAS

- ❑ Regular practice of treating patients-
 - which is at door step,
 - provided round the clock, even at mid-night.

- ❑ Not involved in minor or major surgery. We just provide the basic health facility.

- ❑ Social awareness programmes through *chaupals*. Topics like
 - Eradication of polio, malaria & other dreadful diseases
 - Safe drinking water, sanitation, hygiene, nutrition.
 - Birth control measure, family welfare programmes.

- ❑ Mandatory for our doctors are to follow World health day themes.

- ❑ Not biased for SCs, STs and other weaker sections of the society. Give the same and equal treatment to all the patients.

OUR SERVICES RECOMMENDED AND RECOGNIZED

Our Services are recommended and recognized by

- ❑ Ministers, MLAs, MPs, Sarpanchs etc.
- ❑ We still exist due to our recognition in the society.
- ❑ Villagers have been continuously benefited due to our persistent and diligent service to the society.

SMALL OVERVIEW OF NRHM- PROBLEMS AND CHALLENGES

- ❑ Data collected from the internet, newspaper and other sources.
- ❑ Shows unsatisfactory state of public health in India.
- ❑ Shortage of MBBS doctors.
- ❑ 7 states have performed very badly in National Rural Health Mission.

SMALL OVERVIEW OF NRHM- PROBLEMS AND CHALLENGES

- ❑ Union Health and Family Welfare Ministry proposes an extra year and a half to undergraduate medical degree course.
 - Medical students opposes this move.
 - They say “Extended time period does not add to the quality of education they are being provided.”
 - They deny going to rural areas due to lack of medical and supportive infrastructure.

- ❑ Reason
 - MBBS doctors feel the lack of environment,
 - the clothes of patients stink,
 - they want their private A/C chambers.



SMALL OVERVIEW OF NRHM- PROBLEMS AND CHALLENGES

- ❑ Our doctors put wholehearted efforts day and night.
- ❑ Do not consider the small challenges.
- ❑ Government has to move little steps to give success to a mammoth mission.

SMALL OVERVIEW OF NRHM- PROBLEMS AND CHALLENGES

Small challenges that have proved to be big obstacles in the success path of the mission:

- ❑ Lack of Health services provider.
- ❑ Low literacy rate.
- ❑ Understanding the rural people needs.
- ❑ Unawareness of the rural people about their rights.

SMALL OVERVIEW OF NRHM- PROBLEMS AND CHALLENGES

Major problems National Rural Health Mission is facing and how Private Medical Practitioners Association doctors can solve the problem.

1. **Non Availability of Doctors/ paramedics.**
We have ample of doctors who are ready to be a part of the mission.

2. **Panchayati Raj Institutions / user groups have little say in health system**
 - Our member doctors are treated as God.

 - People come to get their ailments removed without any hesitation.

 - Our doctors work in co-ordination with Panchayats and other local bodies.

SMALL OVERVIEW OF NRHM- PROBLEMS AND CHALLENGES

3. **Lack of 24X7 facilities.**
The member doctors of our association are already working 24 x 7.
4. **Poor emphasis on locally and culturally appropriate health communication efforts.**
 - Our doctors are established there from so many years.
 - They have the insight of local environment, needs and culture, understanding of local language and so understand the local health related needs.
5. **No action on promoting healthy lifestyles like fighting alcoholism or tobacco & promoting sports/yoga etc.**
Our member doctors are already involved in social uplifting activities like fighting from tobacco, alcohol etc.

ADVANTAGES TO RURAL PEOPLE/ SOCIETY- IF WE ARE INCLUDED IN NRHM

Mission was launched to provide accessible, affordable and accountable quality health services even to the poorest households in the remotest rural regions.

- ❑ The services provided by us are already
 - accessible,
 - affordable and sometimes even free of cost and
 - duly accountable providing it day and night.
- ❑ We are already providing the services to rural people on grass root level and providing door to door service.

ADVANTAGES TO RURAL PEOPLE/ SOCIETY- IF WE ARE INCLUDED IN NRHM

- ❑ Availability of and access to quality health care can be improved since;
 - Our doctors know the rural people and their medical history.
 - Can provide better services than any other new doctor.
- ❑ Our doctors are at door step of the rural people.
 - More prone to any epidemic disease than their urban counterpart
 - Villagers do not suffer from any epidemics where our doctors are active.
- ❑ Overall upliftment of the association and the society.

ADVANTAGES TO THE GOVERNMENT- IF WE ARE INCLUDED IN NRHM

- ❑ Ensure the mission to be a success.
- ❑ The Government plans to raise public spending on Health from 0.9% of GDP to 2-3% of GDP.
 - Despite, giving 3 months training to social activists, chance can be given to already practicing medical practitioners in rural areas which are active there from last 3 decades.
 - the funds can be utilized in a better way in some other areas of health.
- ❑ When some of the manpower requirement of the mission is fulfilled by our member doctors, the team proposed by you can also be utilized in a better way.

ADVANTAGES TO OUR DOCTORS AND ASSOCIATION- if we are included in NRHM

- ❑ Experience will get credence.
- ❑ Able to prove their competency.
- ❑ Will be motivated to serve well.

How can we be the part of National Rural Health mission?

It is very crucial and urgent to improve the availability of manpower in rural and deep rural areas.

- A provision of at least 30% representation from the Non-governmental sector.
 - We are a non government association.
 - working for the rights of those medical practitioners who are not degree holders but have a large experience of treating rural people.

How can we be the part of National Rural Health mission?

- ❑ The key aim of IPHS in Sub-Centers, Primary Health Centers and Community Health Centers (CHC) is to
 - underpin the delivery of quality services,
 - fair and responsive to clients' needs, should be provided equitably and
 - which deliver improvements in health and well being of the population.
- ❑ We are delivering quality service,
 - which is need based and exactly according to the clients' needs.
 - totally equitable and delivered through proper channel with proper utilization of available resources.
- ❑ Our attempt has always been to narrow down the gap between the rural patients need and our delivery of service.

How can we be the part of National Rural Health mission?

- ❑ Our doctors have touched the lives of the villagers and have been making the difference from so many years.
- ❑ An emotional bond has been formed between the two parties, which is not prevalent in urban areas.
- ❑ Forming groups, committees or giving training to some people will not solve the purpose.
 - since the villagers idolizes our doctors
 - the villagers have full faith in the treatment.
 - the rural population do not want the degree, they want result.
 - What matter does it make if the desired results are obtained through degree or through experience.

Pt. Jawahar Lal Nehru in his speech quoted “at the level of basic health and therapeutic amenities to people in the remote rural setting, appropriate experience is not less than a degree/ diploma.”

How can we be the part of National Rural Health mission?

- ❑ Rural people may not open or may hesitate to the new doctors or the activist,
- ❑ Will share his/her feelings to a medical practitioners whom he/she knows from years.
- ❑ Our member doctors are also involved in awareness regarding
 - nutrition, sanitation etc.,

which is again a main area where the government is focusing.

SUGGESTED MODIFICATIONS/ADDITIONS.

- ❑ Training can be provided to our doctors with your assistance and
- ❑ Budget can be allocated by you for that purpose.
- ❑ The manpower requirements can be fulfilled by our team of doctors who are already well versed with the system and procedure at grass root level.
- ❑ NRHM plans for Primary Health centre to work 24 x 7. Our doctors can be appointed for these centers who are already working round the clock.
- ❑ Rather than appointing medical officers on contractual basis for Primary Health centers, our doctors are willing to render their services.

SUGGESTED MODIFICATIONS/ADDITIONS.

- ❑ The state governments, it should use its funds prudentially.
- ❑ Should adopt an alternative way wherever possible.
- ❑ Allocate its funds to the most basic and critical areas.
- ❑ Allocating funds to the manpower could be minimized at initial level if our services are utilized.
- ❑ But at the later stage, we government thinks that our doctors are not doing well and they are not getting the desired results, it can withdraw us from the mission.
- ❑ But initially it should give us the chance to participate in the nation wide health mission.

THOUGHTS AND SUGGESTIONS

- ❑ Coordination between **qualification** and **experience**.
- ❑ It will help the government in running their public health programmes with desired success.
- ❑ Can launch joint programmes for family welfare and for eradication of deadly diseases as AIDS, Malaria, TB and Hepatitis, with larger network of professionals and materialize the objective of '**Health for All**' with greater success.

THOUGHTS AND SUGGESTIONS

- ❑ Budget can be allocated to us to be the part of the nationwide mission.
- ❑ Can together determine different level where we can be included.
- ❑ For trial basis, we can start with the state of Rajasthan.
- ❑ During the experimentation phase, we can check each other.
- ❑ Eventually, our inclusion in the mission can be expanded for more states.

THOUGHTS AND SUGGESTIONS

- ❑ Set up of a monitoring committee consisting:
 - Panchayati Raj Institutions or/and Rogi Kalyan Samitis that can monitor our code of conduct and the rural population's satisfaction level.

- ❑ Further discussions for detailed planning can be arranged.

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- ❑ We are sure that the planning commission will take the matter seriously.
 - ❑ Will give us the chance to get involved in the National Rural Health Mission.
 - ❑ The government is really concerned about the health of the Rural population.
 - ❑ Some obstacles and challenges are hampering the government's targets to be met in time.
 - ❑ On behalf of lakhs of our member doctors-
 - Its assured that we are in total support of the government,
 - We will do our best to make this mission a huge success.



THANK YOU