DO MEDICAL GRADUATES PREFER TO WORK IN RURAL AREAS? - A FOLLOW UP STUDY OF OLD STUDENTS OF A PRIVATE MEDICAL COLLEGE IN TAMILNADU

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ABSTRACT: OBJECTIVES: To find out the current Occupational/Academic status of the Alumni of a private Medical College, with special emphasis to ascertain how many were employed in the government's primary health care setup in rural areas or otherwise practicing in rural areas. **MATERIALS AND METHODS:** The study was conducted among the old students of Meenakshi Medical College, in Tamilnadu. Data was collected by a brief questionnaire that was sent by reply paid post to all the students who had passed out of the college as on date. The students were requested to fill up and send the same back the department. **RESULTS:** A total of 117 past students had sent in their replies and out of them 53 (45.3%) were undergoing Postgraduate training. Out of the remaining, 31 (26.5%) were working in corporate hospitals, 10 (8.55%) were preparing full time for their postgraduate entrance examinations, 6 (5.12%) were preparing themselves to go abroad, and only 3(2.6%) were part of the government's primary health care network in rural areas. **CONCLUSION:** This study reiterates the fact that joining a postgraduate course is the first choice for all medical graduates. Even among those who have not joined a postgraduate course, working in Primary health care in rural areas seems to be the least preferred career choice.

INTRODUCTION: India has the highest number of medical colleges in the world.(1) There are around 355 medical colleges in the country imparting undergraduate study (M, B., B.S).. The total numbers of undergraduate medical seats in the country are 44250, and the postgraduate seats add up to another 21282. (2) In spite of this, the estimated doctor population in our country stands at 1:1700 compared to the world average of 1.5: 1000. The Medical Council of India has brought out a "Vision -2015 document" in which it has set an ambitious target of achieving a doctor population ratio of 1:1000 by the 2031. (1)

Even though there had been an overall improvement in the India's health status, there is still a huge burden of disease in this country. There is a wide disparity between the states and also between urban and rural areas with regards to basic medical services and quality health care. The motive behind the Medical council of India's plan to increase the output of Doctors in this country significantly is commendable, and the ambitious target of the Medical council of India may actually become a reality in future. The real problem though, lies in the distribution of that manpower. Our cities are abundant with all kinds of clinics, diagnostic centers and hospitals. But, having a doctor nearby is a rarity for the vast majority of Indians, who inhabit the country's rural spaces. Scarcity of rural doctors usually hinders the delivery of even basic clinical services to needy citizens. Most young medical graduates also prefer to start their career in a secondary or tertiary care institution like that of a corporate hospital, rather than working in a primary health centre in a rural area. This

has led to a situation wherein there are several thousand posts of Doctors in rural areas remain unfilled. Addressing the scarcity of medical practitioners in rural India is fundamental to achieving universal health care in the community. A study shows that in India, around 13% of all medical posts and 38% of posts for specialists are vacant in primary health centers in rural areas. (3) This reluctance of Doctors to work in rural areas seems to be an International phenomenon, as reported by the World Bank. (4).

The present study was carried out to ascertain the current Occupational/ academic status of the medical graduates who had passed out of Meenakshi Medical College, Kancheepuram and to know how many of them are employed in the Government's primary health care set up in rural areas or having their own general practice in rural areas.

METHODOLOGY: Meenakshi medical college is a privately managed medical college affiliated to Meenakshi Academy of Medical sciences and Research (MAHER), a deemed to be university in the state of Tamilnadu. The college is located at a distance of around 80 kms from Chennai, the capital of Tamilnadu. This study was conducted during the months of November & December -2012 and January and February of 2013. Around three batches of students had passed out of Meenakshi Medical College and Research Institute as of date. A brief questionnaire and an Informed consent form was sent to all the past students, along with a postage paid reply cover to make it convenient for the respondent so that he or she just needs to fill it and drop it in the post box. In that questionnaire, they were asked to update their contact details and current academic status. They were also asked to highlight their career related activities since the completion of their M.B., B.S degree. A total of 117 past students had consented to participate in this study, and sent replies over a period of time. Some students had since then shifted their residence, and some letters came back undelivered. This data was analyzed and interpreted.

RESULTS: Out of the 117 responses received, 62 were from females and 55 were from males. The minimum age of the study population was 23 years, and the maximum was 28, with a mean age of 24.8 years. Among the 117 respondents, 53 (45.3%) had already joined a postgraduate course. The rest of the respondents had opted for various career options. The detailed Occupational/academic status of the respondents is given in TABLE-I.

Out of these 53 students who had joined a Postgraduate course, 43 (81.13%) had joined Private medical colleges in India, and 4 (7.54%) students were found to be pursuing their residency in the United States of America. Whereas, only 6(11.32%) respondents were undergoing their post graduation in Government colleges in India. As for the sex difference in joining post graduation is concerned, 25 (47.2%) female respondents, had already joined a post graduation course, and, 28 (52.8%) male respondents were pursuing their post graduation. Only one female respondent had gone abroad for higher education or training, compared to three from the male side. One male respondent had already completed his post graduate (MPH) degree. All the three respondents who were employed in Primary health centers are females. Though there is not much difference among the sexes in joining a Postgraduate course, almost double the numbers of female respondents have joined a corporate hospital, compared to their male counterparts. The sex difference in the choice of different career options is not statistically significant. The details are given in Table-II

ORIGINAL ARTICLE

A total of 53 respondents had already joined a Post graduate course. Out of the Post graduate courses, community medicine, Pathology and general surgery had the maximum of five takers each, followed by the other courses. The details are given in the figure –I.

Out of the 117 past students who responded, 24 had come from a rural or a small town background. Among those 24 students, only 3 have gone back to their native place to work or practice. The rest of the 21 students have moved to a city for their vocation.

DISCUSSION: This study conducted among the alumni of Meenakshi medical college shows that majority of the respondents (45.3%) had joined a Postgraduate degree course immediately after completing their under graduate degree. They had no work experience in a primary health care set up or a rural hospital. This does not correlate with the Government of India's proposal to make fixed time duration of rural posting compulsory after undergraduate medical training. If that proposal comes into effect, the student would not be able to join a post graduate course unless he or she completes the rural postings. This study also shows that only 11.32% of the students are undergoing their post graduate training in government colleges.

This study also highlights the fact that the next best option other than joining a post graduate degree course, is to join a corporate or a private hospital in a city or an urban area. Around 26.5% of the respondents were working in private or corporate hospitals and only 2.6% of the doctors were serving in a primary health centers in rural areas. Some probable reasons can be attributed to the reluctance of doctors to serve in rural areas. One reason could be that the professional and personal expectations of medical graduates are not compatible with that of a rural doctor. The other reason could be that, in the last few years, since the private medical schools and their high fees have dominated medical education, it makes little sense for the medical graduates to take up jobs that do not offer them the opportunity to recover their investment.

The government needs to look into the option of a mandatory rural posting for medical graduates, both from the Government and private institutes. This will significantly reduce the burden of health care delivery in rural areas.

Limitations: This study has been done only among students who had passed out of a single Private medical college in India. Further studies can be done among students passing out of Government colleges also.

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Figure-1 : The post graduate specializations opted by majority of the students. The number in brackets indicate the total number of students enrolled in each.

Current academic/Occupational status	No. of Respondents (n-117)	Percentage (%)
Joined Post graduation	53	45.3
Joined corporate hospital	31	26.5
Preparing full time for their post graduation	10	8.5
Preparing for exams to pursue courses /training abroad	6	5.12
Having own general practice in urban areas	05	4.3
Joined state service & working in a secondary or tertiary care hospital	04	3.4
Pursuing higher education abroad	04	3.4
Working in a primary health centre in rural areas	03	2.6
Completed Post Graduation	1	0.80
Total	117	100
Table-1: The current academic/Occupational status of the respondents		

ORIGINAL ARTICLE

Current academic/Occupational status	Respondents		X ² /P-value (df-1)
	Male	Female	
Joined Post graduation	28 (52.8%)	25(47.2%)	1.318/0.251
Joined corporate hospital	10(32.3%)	21(67.7%)	3.68 /0.055
Preparing full time for their post graduation	05(50%)	05(50%)	0.052/0.819
Preparing for exams to pursue courses/training abroad	3(50%)	3(50%)	0.023/0.088
Joined state service & working in a secondary or tertiary care hospital	01(25%)	03(75%)	0.805/0.370
Pursuing higher education abroad	03(75%)	1(25%)	1.303/0.254
Having own general practice in urban areas	04(80%)	01(20%)	2.282/0.131
Working in a primary health centre in rural areas	Nil	03(100%)	2.731/0.098
Completed Post Graduation	1(100%)	Nil	1.137/0.286

Table-2: Comparison of the Occupational/Academic status of male and female respondents

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