

ROLE OF MEDICAL COLLEGES IN TUBERCULOSIS CONTROL*

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The role of Medical Colleges is of paramount importance for the efficiency of National Tuberculosis Control Programme (NTCP). The curriculum for both graduate and post-graduate medical courses form a key component in achieving the desired objectives. The Knowledge, Attitude and Practices (KAP) of the doctors coming out of the Medical Colleges should facilitate the management of TB as per the policies and guidelines laid down by the NTCP. Medical Colleges bring out the future graduates and post-graduates who are likely to treat large number of (TB) patients either in private or government sector. Therefore, they should be well versed with the diagnostic and treatment modalities for TB. In India, more than 25,000 medical graduates come out every year from more than 200 Medical Colleges. About 85% of them settle as private practitioners and the remaining 15% work in government sector.

In 1989, about 2,42,650 qualified allopathic physicians practiced in the private sector as compared to about 88,105 in the government sector. Private practitioners would be the first point of contact for more than 60% of the patients with any ailment. It is also well known that large number of TB patients are diagnosed based only on X-ray examination i.e., without any attempt to sputum microscopy for AFB. Some surveys conducted in Columbia in 1986 and 1996 on knowledge of medical interns showed the training policies on National Tuberculosis Programme (NTP) to be inadequate in a good number of Medical Colleges and the management of TB cases, both in adults and children was not satisfactory. To start the ball rolling as a part of corrective measure to be taken, World Health Organization (WHO) carried out a workshop in Rome (Italy) from 29th to 31 st October 1997¹. Some of the salient findings discussed in the workshop that are relevant to Indian scenario are given below :

- a. The teaching pattern should be uniform in all the Medical Colleges of the country, both at graduate and post-graduate levels with the emphasis on imparting knowledge, skills and attitude to manage TB patients in the community.
- b. A modern doctor should have sufficient knowledge in the following areas of TB control:
 - (1) Epidemiological situation in the country
 - (2) Transmission pattern of infection within the community
 - (3) Diagnostic algorithms of pulmonary & extra-pulmonary tuberculosis
 - (4) Treating TB patient till cure .
- c. A task force of Medical College - Setting up of a task force on TB in each medical college which will ensure that the graduate doctors have the knowledge, skills and attitude essential to the proper management of TB in individual patient as well as in the community.

The task force of the medical college should comprise of Bacteriologist, Histopathologist, Chest Physician, General Physician, Radiologist, faculty of Community Medicine department and experts in TB represented by the District TB Control Programme. The task force should encourage co-ordination between medical college, Govt. Health Authorities, Professional medical associations, concerned organizations and groups in community in order to achieve the change in medical education and practice as per policies and guidelines of NTP. The same task force would assess the performance of medical education and performance of doctor as well as organisations of Health care locally and regionally.

At the end of internship, the future doctor should be able to carryout the following tasks:

1. District TB Officer, District TB Centre, Hoshangabad, Madhya Pradesh
 2. District TB Officer, District TB Centre, Kaberdha, Madhya Pradesh
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- * take a history and perform clinical examination in order to correctly identify the symptomatics.
- * prepare three sputum smears for AFB and examination of slides.
- * read correctly normal and abnormal chest radiography.
- * perform intradermal tuberculin test, read and record the result of tuberculin reaction.
- * perform a pleural tapping and send the fluid for microscopic examination.
- * perform lymph node aspiration and send for microscopic examination (FNAC)
- * proper motivation of the patient.
- * complete the treatment card and registration of pulmonary and extra pulmonary cases according to the NTP guidelines.
- * manage the side effects of anti-tubercular drugs.
- * manage the complications of TB.

Co-ordination committees are to be formed at state and central levels for changing the teaching pattern from time to time. Medical colleges should be involved in Revised National Tuberculosis Control

Programme (RNTCP), to begin with, atleast opening DOTS Centres in the medical colleges and training of medical students & interns using the RNTCP facilities in Medical colleges. Medical colleges should involve actively in carrying operations research in TB control. State health authorities and Deans of Medical Colleges should meet at regular intervals for better implementation of RNTCP in all medical colleges.

Subsequently, a National Workshop on involvement of Medical Colleges in RNTCP was held at National Tuberculosis Institute, Bangalore from 14th-15th September 2001. In this workshop, 75 Teachers from the Medical Colleges and five Institutions belonging to 14 states of India participated. The recommendations of this workshop have clearly defined the role to be played by the Medical Colleges².

Reference:

1. The World Health Organization, Geneva: Report of a WHO workshop, Rome, Italy. Tuberculosis Control and Medical Schools, 29-31 October, 1997.
2. National Tuberculosis Institute, Bangalore: Report on National Workshop on Involvement of Medical Colleges in Revised National Tuberculosis Control Programme, 14th - 15th September 2001; NTI Bangalore, March 2002.