

From: Prathima Reddy

Message:

I want to join in DNB Family Medicine course. Would you please suggest me on the future of this course and career opportunities. How hard is it to clear the DNB in Family Medicine and which are the famous hospitals, do you suggest me to join.

Thank you in advance,

Dr.Prathima.M

Dear Prathima,

Thank you for writing to us. It is a pleasure to know that you have decided to take up family medicine as career subject.

I also would like to know how you decided to pursue FM and what plans you have after finishing the course. it would help me appreciate your thoughts and discuss appropriately.

I would try to do as much justice to the questions you have raised. I hope they satisfy you.

Choosing a training center for Family medicine: I would rather than name a few hospitals, tell some features that you need to have in mind to choose a FM training center.

1. Under the national board at present the FM course is run only in hospitals accredited by the board. Most hospitals are accredited if they have a bed strength of 50, and has resident specialist in two for the major subjects, medicine-surgery-ObsGyne-paed. The other specialty two consultants can be visiting doctors. Once the hospital pays the fees and is inspected it is allowed to run the DNB course. Many hospitals sadly have used this opportunity to use this as an excuse to get junior doctors to work there. The work is usually in one department and no training. When you want to choose a hospital, check with the past students. Kindly do not join these centers, however famous their name may be. By that I mean, famous centers also fall into this category.
2. Any hospital running the FM course, according to me has to give the student opportunity to work in primary care (OPD, general practice and community work) and in secondary care (wards with 24-hour emergency services and operating theatre). This could be a high call for most hospitals who are currently training FM students but I also have a high standard for the course in FM. It bears a lot of weight on the career opportunities and occupational esteem, which I will discuss later.
3. As far as possible choose a hospital that would appreciate the value of FM in our health care scenario in India. It helps you to build a healthy self belief in yourself as a career FP.
4. Another criteria would also be, if there is a resident senior Family Physician in the hospital or working with the hospital, the course would be well directed.
5. The course as such, is usually for 36 months. With the routine leave and exam preps, we end up doing only 32 months of actual training. This period has to be well designed and structured. As a faculty and course organizer, I feel that this period of 32 months is short for a "near ideal family physician" for our India. There has to be regular active ongoing training activities in the hospital. Usually the structure goes something like this:
 1. Initial orientation to the course and to the subject of FM.
 2. Actual definite rotation in specialty units that has relevance to the FP, as laid down in the DNB rules. Many would be on paper, but may not happen. Beware!

3. Regular visits to the primary/community/general practice care centers to keep the focus of the trainee through the course.
4. Final postings in the actual FM practice areas under supervision of a senior FP before exams.
6. I would also appreciate if the hospital also has flexibility in the duration of each posting to suit the students needs over and above the required training hours. It could be as elective posting or as extensions to the regular 36 months course. It would always help the student to go back to a subject that they need more attention or they would like to learn more.
7. I am from south India and I would recommend , Christian Fellowship Hospital, Oddanchatram as one of the finest training centers. it has most of the features I have mentioned. The down side could be that there are minimal tertiary facilities that you would be exposed to during your course but the teaching-learning atmosphere is good. <http://cfhospital.org/>
8. Christian Medical college had a program that had to scrapped due to national board's intervention on their selection process etc.
9. I still need some help in finding a good place of training in North India. i hope some of my other colleagues in the Academy would help you in this matter. I have heard of a Herbertpur Christian hospital in Herbertpur, Uttarakhand as a good place for training. <http://hch-eha.com/>
10. Do not select a hospital that restricts your freedom of expression of your grievances of the course. Do not accept to sign on documents that prompt you to tell a lie about the course to the National board. Do not accept courses that keep you mainly in emergency areas such as casualty/ labor room or in ICU's only and does not allow you to experience follow up of cases in the OPD and in the community.

Future of Family medicine in India:

That a billion dollar question. No definite straight answers. But there is lot of HOPE. The growing realization that FM service for the common and FM training for the medical student and lack of primary care data for research has definitely brought the importance of academic FM to the forefront. In fact you asking this question it self is We need a lot of Family physicians, academic and focussed on growth of the discipline. This country needs them for a long time to come. Lot of them want a good future in Family Medicine in India but are not seeing that they (including you) are the future of Family medicine in India.

Career paths:

- Only CMC Vellore has an academic department in Family Medicine in the whole country. It has posts that could be filled up and sure enough they need it to make Family medicine grow. If more medical colleges start having academic departments, then that will be a career path
- Under the central government service, there is a realization that good FPs can be effective in managing health problems in the institutions. That could be an option.
- Under NRHM, the Govt will find a lot of places to take in FM graduates, in rural areas.
- Private practice is an option, but I will be the wrong person to advice you on that. I can help you set up but you need to make the choice.
- Corporates do need generalists in various programs and cover for duty. Can be an option if you are interested in it!
- Many general hospitals/clinics need generalists for similar reasons.
- If you can have additional training in areas like HIV medicine, or hospital management, or Emergency medicine, or Geriatric medicine - it may take you in a different line but it would be interesting.
- You can be a visiting home based care family physician in any city/town and there will be a lot of welcome.

I am running out of ideas. But you can be creative and get it going if you get trained well. I wonder what will be the response if the MD in FM comes up. But for that to happen we need a lot of us joining in academic institutions and do good work.

Please let me know your thoughts on these areas.

All the best.

Prince.

Dr Prince Christopher

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CMC Vellore