

Residency training programs in India

Dear Editor,

The guest editorial on residency training programs acknowledges that the current state of affairs is an open secret.^{1,2} Our prospective study that motivated the editorial provides hard data on the condition of residency programs and the (lack of) change following intervention.² The otherwise excellent editorial mentions our article but essentially relies on data from two surveys, one a presentation at a meeting. The very nature of surveys indicates that ground reality is worse than the responses indicate.

The editorial states that "some of the tertiary centers have developed and adopted a good training module." "Good" should at least fulfill the basic checklist that we suggested? Only objective application of the checklist can determine how many of our "good" programs meet basic norms. The powers that be are welcome to dilute our minimum standards, but is that what we want from a residency program in modern India? Especially considering that our usual "numbers", and "developing country" excuses have already been flogged into the ground.

Some of the editorial recommendations include more funding, equipment and training. Our report clearly demonstrates that crores of rupees on equipment and training, without accountability and attitudinal change do not alter anything. Do we really need to, or can even afford to go down that route again?

It is suggested that existing bodies monitor the programs. Such bodies knew the "open secret" and had access to the report alluded to in our study text and mentioned in the literature.³ Our findings establish that existing systems have failed to ensure minimum standards. How some programs were even recognized in the first place (and still continue to function), raise disturbing questions. Another existing system that could participate seems to be geared only to detailing impressive numbers of cataract surgery performed in the country. And all this does not mean that programs controlled by an alternative national body are "good" or better and should take over monitoring; apply the checklist to their programs as well.

Undoubtedly, we require drastic remedial action of the type that followed the Flexner report in the United States, without getting mired in multidisciplinary committees.⁴ Simplistically, an independent body can certify and grade programs, allowing "market forces" to take over. However, strict licensing, monitoring, suitable incentives (strong disincentives for poor performance), accountability and a uniform exit exam also seem to be essential. Plainly, personal friendships, "political" considerations and our usual "chalta hai" attitude cannot be permitted to interfere with the objective guidelines. At stake is the future of our residency training programs, which means the future of Indian ophthalmology itself. One question is whether we have the people willing to undertake what will be a hugely unpopular undertaking. The second, as my dear friend and colleague rightly asks is: "do we have the necessary will"? Twenty-five years of experience and personal effort say "Nay." But, in this one instance, I want to be proved wrong.

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