



MEETING OF DIRECTORS OR REPRESENTATIVES
OF SCHOOLS OF PUBLIC HEALTH

Alexandria, 13 - 17 October 1969

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ENGLISH ONLY

THE ALL INDIA INSTITUTE OF HYGIENE AND PUBLIC HEALTH
CALCUTTA

DEVELOPMENT OF POSTGRADUATE TEACHING IN PUBLIC HEALTH

A SUMMARY

by

Professor M. N. Rao *

CONCLUSION

I would like to highlight the progress of our Institute at Calcutta.

Our All India Institute of Hygiene and Public Health is in existence as an independent organization for a period of 38 years and trained 5935 public health personnel to date.

Our Institute spent last year nearly half a million rupees (35.5 lacs) of which 84% was spent towards the salaries of the staff. Our staff student ratio in recent years is fairly satisfactory. One teacher to 2.8 students. Last year we had 269 students registered of whom 148 (55%) were for University degrees; and each student registering for an academic University diploma programme cost us about 18 000 rupees or nearly US\$ 2 300.

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During the three-year period commencing 1967, the following are the most important developments.

In organization we are building our teaching and research activities in the field of family planning into a separate section of family planning.

In teaching,

At the Doctoral level, a D.Sc. degree requiring original independent research was already in existence. We are instituting a Ph. D. in Public Health, requiring research under a guide. I record with pride that from Alexandria we had one D.Sc. and right now another for D.Phil.

At the Master's level, we propose to start from next year a programme both for medicals and non-medicals in Veterinary Public Health.

At the Diploma level, we are recruiting staff for a diploma in Public Health Dentistry.



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THE SCHOOL OF TROPICAL MEDICINE AND PUBLIC HEALTH AT DACCA

by

Dr. K.A. Monsur^{*}

OBJECTIVES AND BACKGROUND

A School of Tropical Medicine and Public Health have started functioning in Dacca, East Pakistan this year. We have started a two year course covering both Public Health and Medicine with emphasis on the requirements for the Tropics. The Pakistan College of Physicians and Surgeons will be the examining body for this course and the successful students will get a fellowship of this College. In our country this fellowship has the same status and prestige as the MRCP and FRCS qualifications for United Kingdom. This course, therefore, will enable a student of Public Health to obtain a qualification which would be of the same standing as the accepted higher academic qualifications in Medicine and Surgery.

We have for some times felt the need for a course of this nature for the following reasons:

In Pakistan, qualifications like MRCP and FRCS, are considered to be of higher standing than the DPH, MPH or DIM&H qualifications given at home or abroad. Thus when the question of promotion for a higher teaching post

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arises a student of Preventive Medicine who has obtained his DPH or MPH degree finds himself at a considerable disadvantage in comparison with his Clinical friends having qualifications like MRCP, FRCS etc. Brighter students of Preventive Medicine who deserve to go higher up in the profession finds that his DPH or MPH qualification is not adequate for the purpose, and to establish his rightful claim he has to obtain some other qualification like MRCP, Ph.D. etc. However, if he succeeds in getting a qualification like MRCP, so far as Preventive Medicine is concerned we have virtually lost him, because he soon takes up a clinical assignment in preference to Public Health. We have, therefore, felt that in order to give the students of Public Health an equivalent prospect of promotion, there is need for a qualification in his own line which will place him on an equivalent standing in comparison with his clinical fellows.

The Pakistan College of Physicians and Surgeons have approved a two year fellowship course in clinical subjects for medical graduates having the requisite experience. As has been explained before, in Pakistan this qualification is accepted as equivalent to MRCP and FRCS. We felt that, one solution to our problem, would be to organize an equivalent fellowship course in Public Health, so that holders of this qualification would be on a same footing with those who hold fellowship of the College in Clinical subjects. Since Preventive Medicine, in Pakistan, is very much related to diseases in the Tropics, these have to be specially studied to understand our problems. It was, therefore, felt that the most suitable course would be one comprising both Tropical Medicine and Public Health. For Pakistan College of Physicians and Surgeons to qualify for the fellowship examination in clinical subjects a medical graduate, with at least two years of requisite experience after graduation, must undergo a further two year course in an approved institution of which one year is spent in study of basic subjects like Physiology, Pathology, Microbiology etc, and the second year is spent in the study of the subject of specialization. The fellowship course in Tropical Medicine and Public Health also, therefore, would be a two year course drawn up on the same line as above.

The College have approved the syllabus for the course on the lines outlined above. The first year will be spent mainly on the study of basic subjects largely on the same lines as are required by the College for its fellowship programme in Clinical Medicine. However, some time will be given for the Public Health subjects like Epidemiology, Biostatistics, Occupational Health and so on. In the second year the students are expected to study such areas of medicine as are of special interest in the Tropics, such as communicable disease, nutritional disorders etc., with special emphasis on preventive and community aspects of the problem. The course, therefore, is essentially a marriage between Medicine in the Tropics and Public Health and the students who qualify from the course will have the same standing as those having fellowships from the College in Clinical subjects. We hope that such a course will remove a bottleneck for those who have taken up Preventive Medicine and will offer a better prospect of career for them.

STAFFING

It has been very difficult to obtain the necessary staff for an advanced course of this nature. For the present in addition to a Professor of Preventive Medicine from WHO we have so far succeeded in getting six full-time staff in different basic subjects. The remaining gap in the teaching staff have to be filled up by part-time teachers from other Institutions. We have, however, been fortunate to obtain the services of such part-time teachers and we hope that the first year students will satisfactorily complete the course by June next year. Efforts are being made to recruit more and more full-time staff as and when available. Students and younger teachers are also being sent abroad for higher training to fill up the senior teaching positions in the School. It is hoped that in the near future this School will have a reasonably satisfactory staff, capable of fully undertaking the higher responsibility in teaching which the School has taken up and also to undertake active research in the problems related to Public Health in the country.

We hope that when our staff position improves it will also be possible for the School to take up other conventional type of courses like DTM&H and eventually also to give advanced courses such as M.Phil, or Ph.D. in different basic subjects organized under the School.

LOCATION

The School eventually will have a permanent building with a 200-bed attached hospital in the Second Capital, Dacca, but for the time being has been located at the Institute of Public Health and will use the Infectious Diseases Hospital at Dacca for its Clinical work.

FINANCIAL AND ADMINISTRATIVE SUPPORT

The School is a Central Government project and have received substantial help from the World Health Organization and UNICEF, We are grateful for this assistance and we hope this support will continue for the future.