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THE W.H.O.-EDINBURGH-BARODA PROJECT IN MEDICAL EDUCATION

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THE concept of a link between the Medical Faculty of the University of Edinburgh and an Indian Medical College was first mooted by Dr. C. Mani, W.H.O. Director of the South-East Asia Regional Office (SEARO) during a brief visit to Edinburgh in the summer of 1961. Dr. Mani was concerned about the explosive increase in Medical Colleges in India (from 17 before independence in 1945 to around 70 in 1961 and now 76) with the consequent need for trained teachers and the risk of lowered standards of medical education. The proposal was welcomed by the Dean and Medical Faculty of Edinburgh University and quickly took shape in a most substantial form, viz. that over a minimum period of six years successive teams of six senior teachers would be seconded from Edinburgh to an Indian Medical College, while selected staff from the Indian College would be seconded to Edinburgh for further specialist training for periods of 1 to 2 years. In addition, provision was to be made for three heads of departments in Edinburgh University Medical School to go out each year to the Indian Medical College as short-term consultants (S.T.C.) for periods of 2 to 3 months. The salaries of the seconded Edinburgh staff were to be refunded by W.H.O. to the University which would thus be enabled to appoint temporary replacements. Travelling expenses of seconded staff and their wives were to be covered by W.H.O., which would also pay a per diem allowance of \$10 to each member of staff during his period of duty in India. Later, special arrangements were also made to cover the costs of family transportation.

When a broad outline of the scheme had been

formulated, the next step was the selection of a suitable medical college (incidentally, the term 'Medical School' is not used in India since this referred to the training centres, now discontinued, for licentiates or assistant surgeons). A small team consisting of the Professors of Physiology, Pathology, and Child Health, later joined by the Dean, went out to India on a tour of exploration in December, 1961, and after visits to some twelve medical colleges, narrowed the choice to three, each of which had merits and demerits. The final selection of Baroda Medical College in the State of Gujarat was agreed after discussions between W.H.O., the Indian Government, the individual States and Edinburgh University. Baroda was a princely State in the Presidency of Bombay and the Maharajah had founded a University and built a small hospital there. After independence the Bombay Presidency was divided into the two States of Maharashtra and Gujarat; the latter State, which lies north-west of Bombay and might be called the poor relation, has considerable economic potential with fertile lands, a thriving cotton industry and recently-discovered oil and natural gas. The city of Baroda, 150 miles north of Bombay with a population around 300,000, can perhaps best be described in the words of Dr. A. R. Mills, the first member of our first team to arrive there: 'Baroda has a lot of charm. It has thousands of beautiful trees, indeed, the name Baroda means Banyan trees, and these give a lush and settled appearance to the place which is laid out in the new town with spacious parks and avenues. The University area is particularly gracious. Driving in the town, especially the more

crowded areas in the old city, is a harassing experience at first. Thousands of cyclists, pedestrians and cattle mill around to the sound of motor horns from cars and auto-rickshaws while the bullock carts plod on magnificently through it all'.

Baroda Medical College was established in 1949 and is now one of three medical colleges in Gujarat; the other two are in Ahmedabad, the capital city (where there had been a medical school) and in Jamnagar in the western peninsula. Two more medical colleges are to be established in the State for a population of around 25 million, the aim in India being to have one medical college for every 5 million of population. The Medical College in Baroda is affiliated with the University but derives its finances directly from the State; its administration and that of the teaching hospital is closely linked with the Health Directorate of the State so that the full-time Deans of Baroda and other medical colleges are subservient to the Director of Health Services. Salaried staff appointments are made by a body similar to our Civil Service Commission. In Baroda most of the clinical staff hold part-time honorary appointments but there are full-time professors of medicine and pædiatrics and provision for similar full-time posts in surgery and obstetrics. There are full-time professors with supporting staff in the departments of anatomy, physiology, pharmacology, pathology, and preventive medicine.

When agreement had been reached among the co-operating bodies about the shape and size of the scheme, the recruitment of appropriate staff to make up the first team became the most pressing problem. As the team members were to have the status of Visiting Professor and many obstacles would have to be overcome, senior experienced staff had to be selected. This usually meant teachers with children at school. Fortunately, there was attached to the Medical College a new block of six flats available for staff and their families and help was given in the furnishing of these flats. There was also a great fund of goodwill among the administrative and medical staff in Gujarat and Baroda; indeed, the Chief Minister, Dr. Jivraj Mehta, himself a medical man (and now High Commissioner for India in the U.K.) was an enthusiastic protagonist of the project and was ably supported by Dr. T. B. Patel, Director of Health Services, and by the Vice-Chancellor and the Dean of the Medical Faculty in Baroda University.

In selecting staff members from our own Faculty, we felt that the clinical, paraclinical and preclinical divisions should all be represented and that emphasis should be given to preventive as well as curative medicine. In the end, a well-balanced team of six senior teachers representing the

departments of therapeutics (Dr. I. Delamore), obstetrics and gynaecology (Dr. P. Myerscough), pædiatrics (Dr. J. W. Farquhar), preventive medicine (Dr. A. R. Mills), bacteriology (Dr. J. G. Collee), and physiology (Dr. G. Walsh) was assembled and the first contingent of four arrived in Baroda in early June in time for the opening of the new academic year on June 15th; two further members arrived about a month later. It was arranged that Dr. A. R. Mills, who had gone out ahead of the main party, should be the administrative leader of the team, while Dr. J. W. Farquhar would be the academic leader, and this twin partnership has worked very well in tackling the many problems that were inevitable in a new project of this magnitude.

What are the objectives? These are set out below, but fundamentally the aim is to strengthen both the undergraduate and postgraduate teaching in a young medical college and to establish good standards for medical education and medical care in one region of a country where these standards are in danger. But the challenge and opportunities for a new orientation in both medical education and medical care are much greater than the basic need to establish good standards. India's most urgent problems in the field of public health are family planning, improved nutrition and control of infection, and the medical colleges, together with the medical administrators, should be adapting the training of doctors and the organization of the medical services to meet these demands. It is hoped that Baroda Medical College will become one of the 'germinal centres' from which the new leaven will spread to other colleges. The potential is there but it needs support from every quarter and the road winds uphill all the way.

Appendix

General Objectives

(a) To raise the standards of undergraduate medical education at the Medical College, Baroda, with special emphasis on the practical application of scientific method and the co-ordination of clinical, pre- and paraclinical disciplines.

(b) To raise the standards of postgraduate medical education in Baroda so that the quality of the teaching and the status of the higher degrees and diplomas will make unnecessary the acquisition of postgraduate qualifications overseas. Overseas study tours will thus be used for gaining specialized knowledge in a given field.

(c) To encourage strong research sections and to initiate research projects preferably on an inter-departmental basis.

(d) To draw into the scheme the two other medical colleges in Gujarat State so that the benefits may be shared.

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