

JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH

How to cite this article:

SHANKAR PR. MANIPAL IN NEPAL, TWELVE YEARS ON: LESSONS LEARNED AND RELEARNED. *Journal of Clinical and Diagnostic Research* [serial online] 2008 April [cited: 2008 Apr 7]; 2:796-797.

Available from

http://www.jcdr.net/back_issues.asp?issn=0973-709x&year=2007&month=April&volume=2&issue=2&page=796-797&id=204

VIEW POINT

Manipal In Nepal, Twelve Years On: Lessons Learned And Relearned

Shankar PR

ABSTRACT

The Manipal College of Medical Sciences, Pokhara, the first medical college in the private sector in Nepal was started in 1994. The college has included retired teachers and officials from the services in the team. Most activities have been linked up with teaching and training and the college has joined hands with local service clubs and other organizations for service delivery.

The institution maintains a close relationship with the local community and rewards team members who stay longer. The college is trying to attract Nepalese faculty and to adapt its curricula and training to the healthcare needs of Nepal.

Corresponding Author: Dr. P. Ravi Shankar, KIST Medical College, P. O. Box 14142, Imadol, Lalitpur, Nepal. Phone: 00977-01-6916201, Fax: 00977-01-5201496. E-mail: ravi.dr.shankar@gmail.com

Introduction

A historic agreement was signed between Majesty's Government of Nepal (presently renamed as the Nepal Government) and the Manipal Education and Medical Group to set up a medical college in the private sector in Nepal. The Manipal College of Medical Sciences (MCOMS), Pokhara started in 1994 with a MBBS program. The beautiful lakeside city of Pokhara in the shadow of the magnificent Annapurna ranges is a wonderful setting for a medical college. In a previous article, a few years back Pai et al. had outlined lessons from Manipal to Nepal.¹ In this article we aim to reexamine the validity of those lessons at the beginning of the twenty-first century.

Lessons reassessed

Lesson No.1: Include retired teachers in the creative team

The Manipal group had always believed in including retired teachers in the core team. Today MCOMS has retired teachers heading many basic science and clinical departments. Their rich experience continues to be an asset to the institution.

Lesson No. 2: Co-opt experts and other officials from the services.

Retired teachers from the Army Medical Corps (AMC) and senior officials from the services continue to constitute the backbone of the

institution. In Nepal, education of children, family commitments and the volatile political situation are among the many reasons why younger faculty members are reluctant to make a long term commitment. Retired faculty members are more likely to stay for a long period of time.

Lesson No. 3: Lateral movement of faculty on sabbatical

Due to the fluid security situation and negative reporting in the media, lateral movement of faculty on sabbatical has decreased. The opening of new medical colleges in the private sector in India, especially in the South may be another reason.

Lesson No. 4: Link up every activity with teaching and training

MCOMS conducts undergraduate medical courses, MD and MSc courses in Basic Science subjects, Bachelor of Medical Laboratory Technology (BMLT) and Bachelor of Medical Information Technology (BMIT) courses and certificate course in Nursing. The college is on the threshold of starting PhD courses in Basic Sciences subjects and MD programs in clinical subjects. The training programs ensure that the institution could get inexpensive expertise. The MD and MSc programs have been started with the objective of meeting future healthcare needs of Nepal.

Lesson No. 5: Join hands with local service clubs

MCOMS has joined hands with local service clubs in Pokhara to better serve the community health needs. The college conducts health camps in various localities of Pokhara city and surrounding villages. In many cases local youth clubs organize and conduct the health camps with the college providing the medical personnel.

Lesson No. 6: Community participation through banks

Not yet implemented in Nepal

Lesson No. 7: Community participation through school teachers and schools.

There is no organization corresponding to the Academy of General Education in Nepal. However, the college has tied up, with the Regional Education Directorate and conducts regular screening programs in different schools in Pokhara. MCOMS in association with His Majesty's Government (HMG) (presently renamed as the Nepal Government), United Nations International Children's Emergency Fund (UNICEF) and the Family Planning Association of Nepal (FPAN) conducts Mother and Child Health (MCH) clinics in all the 18 wards of Pokhara city. Under-five clinics and Sexually Transmitted Diseases (STD) counseling services are also provided.

The college conducts training programs for personnel and volunteers of the Gorkha Welfare Society (GWS), Annapurna Conservation Area Project (ACAP), Rotary club, World Vision International and FPAN. The trained personnel have become a powerful agent of change in their communities.

Lesson No. 8: Associate membership of hospital for medical practitioners

This has not yet been finalized in Nepal.

Lesson No. 9: Joining hands with international organizations

The college has entered into a partnership with World Vision, an International Non Governmental Organization (INGO) to organize camps and provide healthcare services in Lekhnath municipality and other areas of Kaski district.

Lesson No. 10: Linkages with industry

This has not been taken up in Nepal due to various reasons.

Lessons learnt from Nepal:**Lesson No. 1: Maintain a close relationship with the local community and be a stakeholder in its development.**

MCOMS has contributed to the growth of the Western Regional hospital (WRH) and Green Pastures hospital (GPH) and uses their beds for teaching purposes. The college has constructed a road to Bhalam village near our Phulbari campus.

The college students (with monetary support from the faculty and students) operate a Poor Patients' Fund (PPF) which ensures that patients from the economically disadvantaged sections of society can

avail of treatment at the Manipal Teaching hospital (MTH).

Lesson No. 2: Reward monetarily and professionally team members who stay longer

In Nepal, for medical teachers in MCOMS the salary earned is tax free for the first two years of service. There was a sharp drop in remuneration once the salary become taxable from the third year. The college has introduced a number of allowances to ensure that the 'take home' salary continues to increase. More benefits for longer serving faculty are being planned.

Lesson No. 3: Indigenize to the maximum extent possible:

The college is trying to attract Nepalese faculty members, who will be more likely to have a long term commitment to the institution. The curricula and teaching are being adapted to the health care needs of Nepal. At the same time, a balance is maintained so that the needs of international students are also looked after.

Lesson No. 4: Attract and retain younger faculty:

The college offers a competitive remuneration package which is revised periodically to attract and retain the best young talent. A number of schemes have been drawn up for the academic and professional advancement of the younger faculty.

The lessons from Manipal, India adapted to the setting of Nepal and other lessons derived from over twelve years of experience in Nepal have been assimilated in the administrative policy and are driving the mission of the college to be amongst the most preferred destination for students and teachers of health sciences at all levels of education in Nepal by the year 2007.

Acknowledgement:

The help of Dr. Bishnu Rath Giri, in critically going through the manuscript and suggesting revisions is gratefully acknowledged.

Reference:

Pai RP, Prakash N, Pai SR. Lessons from Manipal to Nepal: a brief profile of HRD lessons. Regional Health Forum Volume 2, Number 2.