

Chapter 5 – Conclusions and Recommendation

5.1- Conclusion

From the discussions in the preceding chapters it is fairly evident that there is enormous scope of application of telemedicine in India riding on the NKN's 2 GB bandwidth IT infrastructure. Various Ministries of Govt. of India, namely, Ministry of Health & Family Welfare, Ministry of Communications & I.T., Department of Space have taken positive steps to implement different applications of Telemedicine. Also the MoHFW, GoI, has been making all efforts to implement the National Medical College Network (NMCN) for the last 4-5 years, which is based on the SGPGIMS, Lucknow model. The tele-ME/CME sessions of SGPGIMS are praiseworthy. During my interaction (oral and email) with the Nodal Officers of MoH&FW, JIPMER, Puduchery , SGPGIMS, Lucknow and PGI, Chandigarh , who are responsible for implementation of NMCN , it was gathered that the SGPGIMS model is worthy of replication at the national level .The NKN connectivity provided to Govt. Medical Colleges should be utilized for implementing NMCN at the earliest. The process of sensitization and creating awareness about the benefits possible from NMCN should be frequently held so that the State Governments accept it without any reservation/misgivings and include it in their State Plan and State Budget for continuity beyond the GOI support period.

However "health" being a State subject in the Constitution of India, it is essential that all State/UTs come on board and agree to implement such national

programmes, which will enable availability of specialist consultation even in semi-urban areas having CHC/PHC with NKN node or internet broadband connectivity .In addition to tele-consultation, streaming of interactive video from tertiary level centre of excellence medical institutes to Govt. Medical Colleges in States/UTs will definitely enrich the standard of medical education in tier 2/3 cities. The old and well known IITs have also set up Virtual Classrooms in the newer IITs to facilitate quality theoretical inputs to students in IITs established recently. Working on the same lines, SGPGIMS, Lucknow has started relaying theoretical as well as live surgeries to other medical colleges connected to it .MoH&FW has therefore rightly made SGPGIMS as the National Resource Centre for the NMCN project .With the EFC approval in place for NMCN (phase1), it can be reasonably expected that MoH&FW will be able to conclude the tender process and select a competent Project Implementing Agency so as to implement NMCN in a time-bound manner.

5.2- Recommendations

It is a well known fact that owing to successive less budgetary outlays on social sector in general and public health in particular in the Union Budget, resources in medical field- physical ,infrastructure and human resources- are not commensurate with the target population to be served. .Consequently resources in medical education are also not evenly distributed and access to learning/refresher can be problematic in tier2 / tier3 cities and thus easy to understand as to why the qualified

Healthcare providers avoid posting to such towns/cities. As the field of allopathic system of medicine is growing by leaps and bounds and any practitioner who is not in sync with