ESTABLISHMENT OF RNTCP NODAL CENTRES IN MEDICAL COLLEGES: Recommendations of National workshop held at AIIMS, New Delhi from 29th- 31st October 2002

Introduction:
Since the earlier consensus conference in 1997, attended by leading medical professors throughout the country and subsequent national workshops at AIIMS and National Tuberculosis Institute, Bangalore in 2001, there is now a growing professional consensus among public health and medical opinion leaders alike that the RNTCP approach is appropriate and feasible. Increasing number of medical colleges are participating in the programme as tuberculosis units, microscopy centers, treatment observation centres, etc. This partnership between an ever-increasing number of medical colleges and the RNTCP needs to be nurtured and carried forward. As also recommended in previous workshops, the time has now come to establish RNTCP nodal centres in different zones of the country. Ensuring representations from all zones (North, East, West, South and North-East), and based on GoI's criteria, we are happy to note that the following colleges have been given the responsibility to function as nodal centres.

Zones	Nodal centres	States covered by the zones
East	1. RG Kar Medical College, Calcutta	West Bengal, Bihar, Jharkhand, Orissa, Chatissgarh
West	2. Lokmanya Tilak Municipal Medical College and Hospital, Mumbai	Maharashtra, Goa, Madhya Pradesh
	3. SMS Medical College, Jaipur	Gujarat, Rajasthan,
North	4. All India Institute of Medical Sciences, N Delhi	Uttar Pradesh, Delhi, Jammu & Kashmir
	5. Post Graduate Institute of Medical Education and Research, Chandigarh	Punjab, Chandigarh, Haryana, Himachal Pradesh
South	6. Christian Medical College, Vellore, Tamil Nadu	Kerala, Karnataka, Tamil Nadu, Pondicherry, Andhra Pradesh
North East	7. Guwahati Medical College, Guwahati, Assam	Manipur, Nagaland, Mizoram, Sikkim, Arunachal Pradesh, Assam, Tripura, Meghalaya

Following are the recommendations made by the delegates from the above colleges as well as other organizations/institutions to operationalise the functioning of the RNTCP nodal centres

Recommendations:

Coordination of task forces/nodal centres with existing RNTCP structure
Considering the country's geographical vastness, the large number of medical colleges, possible activities to be performed it is proposed that task forces are established at three different levels – Central, Zonal, and State. Accordingly, the following composition and activities are suggested for each level:

<u>National Task Force (NTF)</u>
Composition:
  Chairman: DDG (TB)
  Member Secretary: Representative from 1 of the nodal medical colleges in rotation. Initially from AIIMS for one year
Members:
  1 representative from CTD
  1 representative from the above 7 colleges
  1 representative from TRC
  1 representative from NTI
  1 representative from LRS
  1 representative from WHO

Activities:
  Establishment of Zonal Task force
  Leadership and advocacy
  Policy development regarding medical colleges involvement in RNTCP
  Coordination between NTF and CTD, NTF and ZTF
  Monitoring activities of the Zonal Task Forces through 6 monthly review meetings. Initially for 2 years. Later yearly meetings
  Facilitate in availability of funds

<u>Zonal Task Force (ZTF)</u>
Composition:
  Chairman: Representative from the nodal centre (where more than 1 nodal centre, in rotation after 2 years)
  Member Secretary: STO of the State where nodal centre is located
  Members:
  Representatives of the State Task forces within the zone
  (1 medical college per State)
  STOs of the States within the zone
Note: Nodal centre would oversee that selection of representative from medical college is initially based on - existence of RNTCP facility at Medical College and expression of interest. This selection of medical college by nodal centre will be valid for one year by which time the State Task Force is expected to be formed which would then elect representatives to Zonal task Force every three year

Activities:
  Establishment of State Task Force
  Leadership and advocacy

Coordination between STF and NTF, between medical colleges and STC/DTC through 6 monthly meetings at the nodal centre
Monitoring activities of the State Task Forces through 6 monthly review meetings

State Task Force (STF)
All medical colleges should be involved and have representations in the STF. To facilitate this, the representation from medical colleges of the STF would be for 1 year initially since these would be selected by the nodal centres after which other Medical Colleges may be represented to the STF on rotation basis every 2 to 3 years. In large States with more than 7 Medical Colleges, a steering committee comprising of 5 - 7 representatives would be formed as a second tier to the STF.

Composition of STF:
Chairman: Representative from medical college to be elected
Member Secretary: STO of the State
Members:
1 representative from each college, on rotation basis if required
Core Committee formed at Medical College would coordinate with DTO

Activities:
Advocacy
Coordination between ZTF and STF, between medical colleges and State/District TB Centres through quarterly meetings at the Headquarter/STF representative from Medical College.
Implementing activities for involvement of medical colleges in RNTCP

Prioritization of activities for medical colleges and mechanisms to monitor implementation

Possible activities to be undertaken by nodal centres and medical colleges are varied, numerous and all too encompassing as is evident from the recommendations made in previous workshops. Considering the priorities of the RNTCP, the feasibility of implementing and evaluating the partnership, the following activities have been prioritized for implementation. With experience, other activities could be taken up over a period of time in a phased manner in terms of priority.

The main objective of the formation of different levels of task forces and coordination of the RNTCP with medical colleges is to facilitate in adoption/implementation of RNTCP in increasing numbers of medical colleges and the private sector. The following activities have been identified to facilitate this:

1. Training/teaching of RNTCP amongst
    a. Faculty members to ensure cooperation and internal referrals of all chest symptomatic to be diagnosed and treated as per RNTCP guidelines
    b. Residents and Interns
    c. Undergraduates and post graduates to ensure that each graduate is able to diagnose and treat TB patients as per DOTS
    d. Paramedical staff (LTs & Nursing staff)
    e. Conducting Sensitization workshops/CMEs for Medical colleges/Private sector including private practitioners and IMA members/other hospitals like NGOs, Railways, ESI etc
    f. Programme staff where necessary
2. Engagement with the RNTCP

a) Establish Microscopy and DOT centres in all medical colleges

b) Strengthening infrastructure of the laboratory where required by availing of the funds for civil works through the District TB Control Society
c) Health education to patients visiting the medical college hospitals
d) Involvement in Quality assurance network through the Microbiology department at Medical College
e) Consultation and management of difficult cases

3. Advocacy of the RNTCP
a) Sensitization/training through IMA, other professional bodies and their members
b) Organize seminars/conferences/ continuing medical education for medical college faculty and private sectors
c) Through the use of newsletter, press & other media
d) Involvement of MCI in the long run so that due emphasis is given to the teaching of TB as per National RNTCP guidelines by making it mandatory for approved medical colleges to train and include coverage on DOTS strategy in teaching, field and practical teaching, examination papers etc
4. Operational Research
(a) Operational research should be directed on a priority basis, towards the broader objectives: -
  - To increase case detection of smear positive cases
  - To improve DOT services to make it more patient friendly and ensure that treatment is directly observed
(b) Medical colleges have the resources and expertise to undertake appropriate research studies with the ultimate objective of having consensus guidelines for diagnosis and management of childhood TB and extra-pulmonary forms of TB.
(c) In addition, the medical colleges are at advantage to undertake studies on:-
  - Multi-Drug Resistance
  - Profile and treatment outcomes of admitted patients
  - HIV/TB co infection diagnosis and management

Research proposal from individual medical colleges should be screened by STF and sent to Central TB Division.

All medical colleges should form a core group for at least 4 members with representatives from the department of Medicine, Chest medicine, Microbiology & community medicine.
The ZTF representative should be trained for 12 days, Coordinator of core group in medical colleges (preferably the person running the RNTCP Microscopy centre in the hospital) for 7 days and sensitization of faculty members for 2 days.

These activities will be implemented by State task forces. Activities of the STF will be overseen by the ZTF and that of the ZTF by the NTF.

Management of TB cases presenting to a medical college hospital.
The group acknowledges that there is difficulty in standardizing management of ***indoor*** patients and in arrangement of logistics to ensure that most patients are started on RNTCP regimens. Consensus on management of ***outdoor*** patients has been reached which should be observed by all medical colleges. Flow charts for management of TB cases presenting to a medical college hospital is placed as annexures. To facilitate in proper referrals of patients, referral register and referral forms will be required.

The group recommends that continuing dialogue be held in relation to indoor patients and a sub group be formed to examine this issue further.

Other recommendations:

1. Medical colleges should be represented in State/District TB Control Society
2. Fund requirement would be decided at the central level for regular RNTCP activities including meetings of NTF. Funds for ZTF and STF would be channeled through CTD/ State or District TB Control Society. Additional requirement at each nodal centre would be for a computer with Internet connectivity and manpower support of a Secretarial assistant/ Data Entry Operator to be made available by CTD through State TB Control Society.
3. Linkages: Following are areas of possible linkages between the RNTCP in the State/District and medical colleges:

a) Patient care
   - Streamlining of referral from Colleges to DOT centres located near the patient's home.
   - Difficult cases/ ADRs may be referred to Medical Colleges direct from DOT centre
   - Diagnostic services for EP cases can be provided by Medical Colleges
   - DOT directory and list of all RNTCP facilities within State to be provided to Medical Colleges

b) Reporting
   - Medical Colleges to report on case finding and treatment activities as per Programme Indicators
   - Treating Centres would provide feedback to Medical Colleges on patients referred from Medical Colleges

c) Training
   - STO/ DTO could be facilitator in UG/ PG teaching
   - Students/ Interns/ Faculty members may be taken to functioning MCs/ DOT Centres for sensitization.
   - Urban model for DOTS as part of teaching.

d) Quality assurance
   - Sputum examination at medical college microscopy centre would be under the purview of STLS
   - Microbiology department at Medical College can be part of the QA for which one faculty member of the department would receive training at National Institute/STDC
   - In due course of time, nodal centers should be supported by Central TB Division to establish Culture and Sensitivity facility. The same already exists in some nodal centres like AIIMS, CMC, (EQA already) PGIMER, LTM College are yet to be involved in EQA. GMC, RG Kar, SMS are growing the LJ Cultures and would be happy to start C&S with minimal support. The seven nodal centres have agreed to have a networking to achieve the target and enable all laboratories to get EQA.

e) Research
   - Protocol developed at Medical Colleges to be reviewed by STF within 3 months and acceptable protocols to be sent to central level with comments. CTD reviews the proposals through an in-house committee and provides feedback in 6 months time.
   - Local surveys and research being regularly carried out by Medical Colleges may include topics relevant to RNTCP.

f) Information Sharing
   - Results of all-important studies conducted by National Institutes would be shared with nodal centres, which in turn would share it with the States. They may be used for advocacy and sensitization
   - Quarterly and annual reports on RNTCP performance to be shared with nodal centres
   - Results of local surveys being conducted by medical college to be shared with programme officers
   - Newsletters on RNTCP- Medical colleges activities could be used to disseminate information.

Next steps – till October 2003

1. Training of representative from nodal centres at Central Institutes - coordinated by nodal centres and CTD – by December 2002
2. Formation of Zonal Task Force – coordinated by nodal centres and STOs -31st December 2002
3. Establishing infrastructure and manpower support at nodal centres: computer with Internet connectivity, hiring Secretarial assistant or Data Entry Operator on contractual basis. - by CTD through STC. Identifying space, contact person for RNTCP activities and identifying existing staff as DOT providers – by nodal centres – January 2003
4. Zonal meetings to make an action plan in all zones - coordinated by nodal centres and STOs - January 2003
5. Formation of State Task Force and where necessary steering committees- within 3 months of first zonal meeting
6. STF meetings to make an action plan for all States - coordinated STF and STOs -April 2003 Action plan made by the STF would include the activities to be done by individual medical colleges in the State on the four priority areas identified, which are training, teaching, advocacy and operational research. It would also ensure that a core group trained/sensitized in RNTCP is formed in each medical college, which will make an action plan and monitor its implementation in their respective institutions.
7. National Task Force review meeting - Coordinated by Central TB Division & AIIMS - October 2003

Annexures 1 & 2: Outdoor TB cases who present to a Medical College

1. Patient from an RNTCP implementing district

A patient who presents to any OPD within the Medical College and is subsequently diagnosed as having TB, and who is from an RNTCP implementing district, should be referred internally within the Medical College to the respective institution's DOTS Centre by the attending doctor. If possible, the patient should be escorted to the DOTS Centre.

1.1 Referral

a) If the patient is from the district in which the Medical College is located, the patient:

1. can receive their treatment at the DOTS Centre of the respective Medical College. They will be registered in the TB Register at the local TB Unit (TU). The local TU will be responsible for ensuring an adequate supply of drugs in the form of patient-wise boxes to the DOTS Centre for all the patients under treatment there on a quarterly basis; and

2. can be referred to another DOTS Centre within the District. The patient will be registered in the TB Register at the local TB Unit of the respective TU. The respective TU will be responsible for ensuring an adequate supply of drugs to the DOTS Centre for all the patients under treatment there.

Note: if the patient is not staying in the locality for 2 months or longer, then the patient will be placed on a Non-DOTS regimen.

b) If the patient is NOT from the district in which the Medical College is located (both within the same State or in another State), the patient should be referred to, in descending preference, their nearest respective DOTS Centre, TU or District TB Centre for treatment and registration.

1.2 RNTCP Directory

An “RNTCP DOTS Directory” should be available in the DOTS Centre of the respective Medical College. The DOTS Directory should contain the details of all DOTS Centres, TUs and the respective DTC of the District in which the Medical College is located. Preferably it should also have similar information for all Districts for the State in which the Medical College is located. In addition, at a minimum, it should also contain details of all RNTCP implementing districts (with addresses, and email addresses, of all DTCs and TUs) in the country. The DOTS Directory should be available in both paper and electronic form.

1.3 Referral form

The development of a RNTCP referral form is required as soon as possible. Preferably this will be used in triplicate whilst referring a patient. One form will be given to the patient for handing over to staff at the receiving unit when the patient arrives there. One will be sent in the post to the receiving DOTS Centre and the third one will be posted to the respective DTO of the receiving unit. The form will have a pre-paid section to be completed by the staff at the receiving unit once the patient arrives at the respective unit, and this section will be posted back to the referring Medical College (or any other referring unit).

Annexure 3: In-door TB cases in Medical Colleges

1 Patient from a RNTCP implementing district and attending physician prescribes thrice weekly RNTCP regimen [footnote [1]]

a) If the patient is from the catchment area of the local TU of the district in which the Medical College is located, the staff of the DOTS Centre of the respective Medical College will be informed as soon as possible of the patient's admission by the in-door facility staff. The staff of the Medical College DOTS Centre will then contact the nearest DOTS Centre to the patient's given address and request that verification of the patient's given address is undertaken by the staff of the respective DOTS Centre. The patient will be registered with the local TU and the respective TU will be responsible for ensuring an adequate supply of drugs to the in-door wards for all such registered patients under treatment there. Drugs will be supplied by the RNTCP as prolongation pouches on a quarterly basis; and

b) If the patient is from another TU within the district in which the Medical College is located, drugs will be supplied by the State Government for the duration of the in-patient stay. Prior to the patient's discharge, the DOTS Centre of the respective Medical College will be informed by the in-door facility staff of the patient's impending discharge and their details. The DOTS Centre will initiate the referral and registration process to the nearest DOTS Centre to the patient's residence prior to the discharge of the patient. On discharge, one referral form will be given to the patient for handing over to the receiving unit when the patient arrives there. One will be sent in the post to the receiving DOTS Centre and the third one will be posted to the respective DTO of the receiving unit. The form will have a pre-paid section to be completed by the staff at the receiving unit once the patient arrives at the respective unit, and that will be posted back to the referring Medical College (or any other referring unit).

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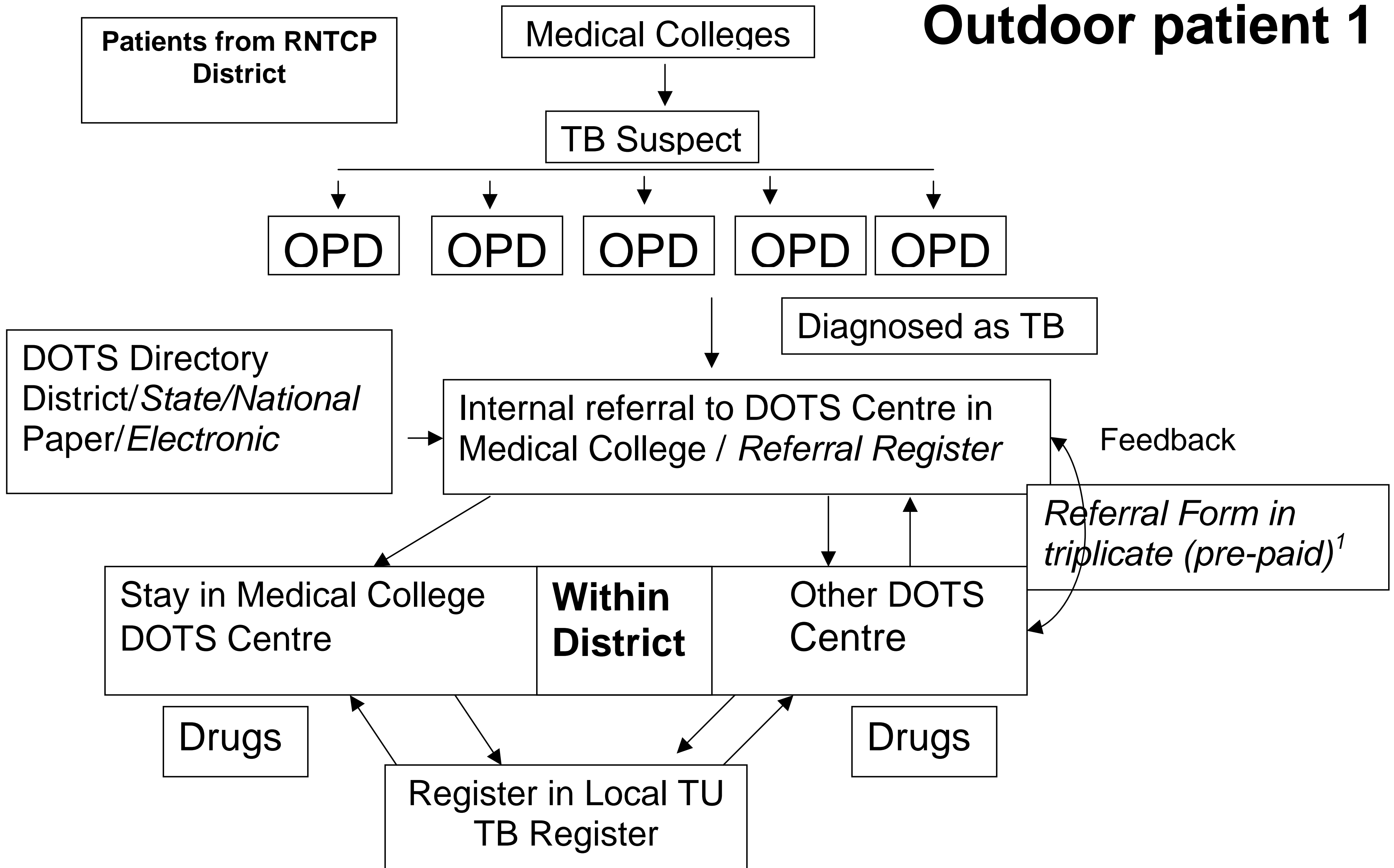
[1] If the attending physician judges that RNTCP regimen is not appropriate for the individual patient, a non-RNTCP regimen will be prescribed.

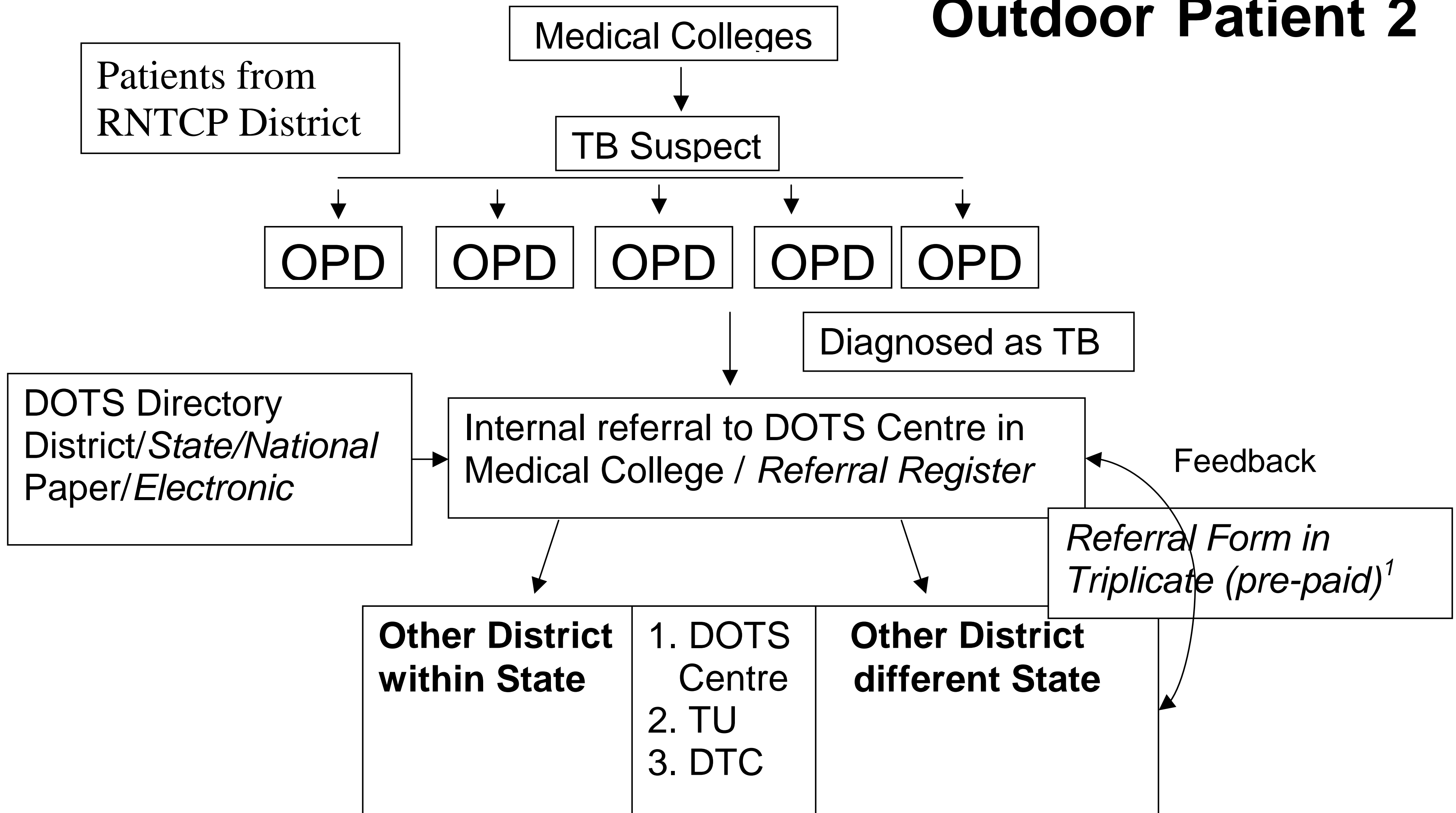
Annexure 1



Note: If patient not staying in locality for ≥ 2 months ⇒ Non-DOTS regimen

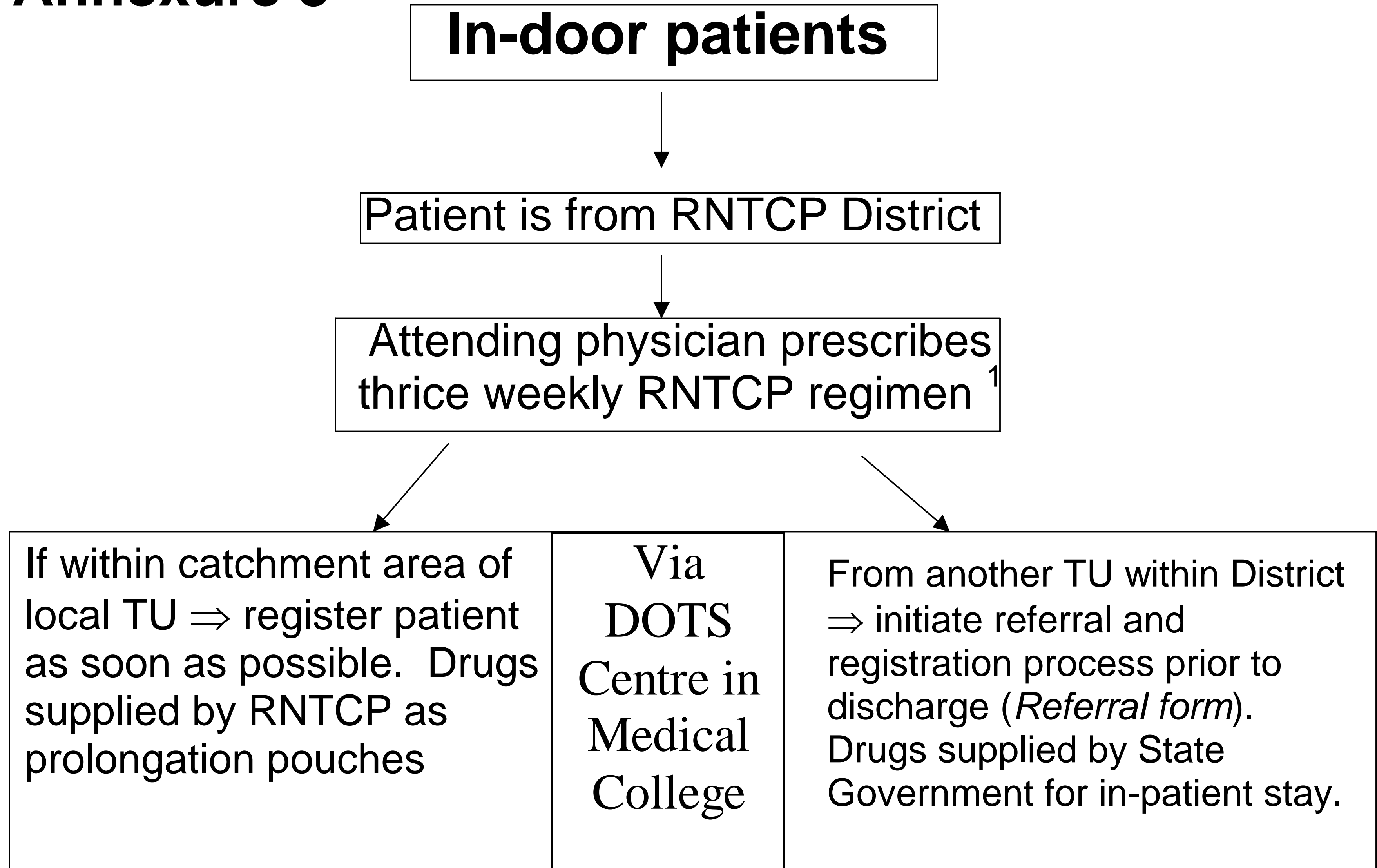
Annexure 2

Outdoor Patient 2



[1] 1 form with patient, 1 to DTO and 1 to DOTS Centre

Annexure 3



[1] If attending physician judges that RNTCP regimen is not appropriate for the individual patient, a non-RNTCP regimen will be prescribed