CORRESPONDENCE

Tuberculosis research in Indian medical colleges:
has it taken a back seat?B. N. Sharath,¹ M. K. Shilpashree,² R. G. Menezes,³ A. K. Bansal⁴<http://dx.doi.org/10.5588/pha.15.0023>

India's Revised National Tuberculosis Control Programme (RNTCP) has encouraged and emphasised research since its inception in 1997.¹ Most policies and strategies are pilot tested in the field before implementation in programme settings. In addition to the national tuberculosis (TB) research institutes, the RNTCP explicitly looks toward medical colleges for research.²

To foster TB research in medical colleges, the RNTCP provides financial support for post-graduate students and faculty members to conduct research on topics relevant to the programme's needs.¹ The programme has established state, zonal and national level task force mechanisms to achieve the smooth conduct of research. In the 2014 annual TB report from the Central TB Division of India's Ministry of Health and Family Welfare, 330 medical colleges are listed as being involved in the RNTCP. From these colleges, 91 postgraduate theses had been submitted to the task force and approved, while 19 operational research protocols submitted for approval were currently under consideration by the task force.³

The current scenario suggests that the response of medical colleges in taking up thesis work for postgraduate students and operational research for the medical faculty is unsatisfactory. We discuss the issues pertaining to uptake and feasible solutions to improve the quality and quantity of TB research at medical colleges across the country.

First, there is a lack of awareness among faculty regarding the provisions of the RNTCP on TB research, with wider misconceptions that the provisions are limited to chest and TB and general medicine departments. Continuous advocacy on research has to be made to medical colleges from the highest governing medical bodies while providing clarity on topics that can be included in operational research.

Second, the capacity of faculty to create a research protocol, conduct research, write a manuscript and publish the work is suboptimal. Substantial involvement of faculty in any research should be made obligatory, and the RNTCP should develop customised

training models for capacity building among faculty to conduct relevant research.

Third, there are delays in the approval of research protocols and the release of funds for the timely conduct of research at different levels. The programme should develop an online mechanism whereby a researcher can submit the protocol, address any comments and receive funding on a stipulated schedule. The online system would also serve as an interface for the programme division to monitor the progress of research projects conducted across the country.

Fourth, difficulties in obtaining ethics approval from the ethics committees of medical colleges in time for the conduct of a study are customary.⁴ The programme should identify a network of ethics committees that can provide input and approval electronically within a short span of time on a case-by-case basis.

Fifth, in this era of open access, it is extremely difficult for researchers to publish their work in a high impact journal without publication charges. Inclusion of publication charges in the budgets of all research protocols should be encouraged.⁵

In conclusion, the research potential of medical colleges should be effectively harnessed by the national public health programmes by adapting measures that are simpler and more researcher friendly.

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