

AN ARTICLE: THE ROLE WORLD MEDICAL ASSOCIATION (WMA) CAN PLAY TO HELP PREVENT THE DEATH OF POSTGRADUATE MEDICAL EDUCATION AND TRAINING (RESIDENCY TRAINING) IN DEVELOPING NATIONS (AFRICA) VIZ-A-VIS: FUNDING, PARTNERSHIP AND SPONSORSHIP.

Gbujie D.C.

Department of Oral Maxillofacial Surgery, University of Port Harcourt Teaching Hospital (UPTH) Choba, Rivers State Nigeria.

Correspondence:

gbujiedan2@yahoo.com

Abstract

Postgraduate Medical Education and Training are the foundational starting point and currently the only existing system available to doctors in Nigeria and few African nations who are willing to become specialist in any area of medicine or surgery.

This program provides the doctors with the opportunity to gain the needed advance skills and knowledge required to handle health conditions and challenges as they arise.

In the last six years especially in Nigeria and in some African countries, this special education has almost collapsed. It has been further worsened by the absence of funds and lack of advance man-power training which ordinarily should be provided by the respective African governments.

An urgent integrated approach is required from all stakeholders, which will include African government, National Medical Association and World Medical Association to prevent the death of Postgraduate Medical Education and Training. Some factors have been identified in this article and few recommendations suggested, all in the bid to save this integral component of healthcare system called Postgraduate Medical Education and Training.

Keyword: *Postgraduate Medical Education and Training, World Medical Association, Africa*

INTRODUCTION

Practice of medicine has evolved exponentially and it is responsible for the creation of specialty in the medical and dental field, which is responsible for development of skilled practitioners and equally has help deepen the knowledge base of medicine on earth.^{1,2}

Considerable evidence has shown that Africa will have a population rumored to soon surpass over 1 billion by 2020³.

However existing are negative statistical values which have always been noted as values emanating from Africa, listed below are some of these negative values:

Top on the list are

1. Under-five-mortality
2. Maternal mortality
3. Infant mortality

Most of the deaths from the above list can be prevented, if adequate facilities and man-power are provided routinely by host country or foreign donors or nations.⁴

Already the current wave of infectious disease that is ravaging the West African subcontinent is a living example to support the facts that the inadequate man-power and total lack of facilities and knowledge of infectious diseases were some of the reason for the uncontrollable spread of the disease across the West Africa.

The unfortunate situation before our eye are the absence or inadequate facilities in most of our rural area in Africa, the phenomenon puts, few facilities in the urban area in a “shock-hold-mode”, since the number of persons seeking experts attention will overwhelm the available

facilities and man-power present.⁸

Sadly, the principles of economic set in because when the demand of services is on the rise the cost of such services get out of reach i.e. expensive.¹⁰

This they say is responsible for the high cost of maintaining health services in developing nations today and which practically makes it totally impossible to run a quality and accessible healthcare system.

This challenge has given rise to worrisome trend that has started already- where the few wealth persons in the region start to travel to west or few advanced African countries, to patronize the specialist care giver there. This trend has been nicknamed “MEDICAL TOURISM” which unfortunately have not allowed the development of the local medical facilities or specialized care system in the host countries where these patients reside⁷. The statistics from the continent that we have before us are mind blowing, for example in my host country “Nigeria” it's a known fact from relevant authorities that over 70,000 of persons travel to India and all most double the number travel to United Kingdom yearly for medical treatment, with the resultant concern being that large funds depart from our shores in the name of “MEDICAL TOURISM”.⁶

The dilemma is that just very few individual can access this opportunity to seek a specialist care outside the country⁵. This has being one of our problem in the health sector which is almost collapsing, necessitating me to writing this article, to first bring to the attention of WMA the likely death of postgraduate medical training (residency training) in developing nations, while in the same vein suggesting ways that WMA and other organization can partner or collaborate with developing economy like Nigeria to produce and sustain specialized healthcare in Africa for Africans.

Suggestions and Recommendations

One of the ways to assist African nations going through these challenges is to ensure that the Postgraduate Medical programs called (**RESIDENCY TRAINING**) is properly funded and regulated, currently the postgraduate medical education program in my country is in need of a lot of assistance. This is the only training program that produces health personnel with knowledge and skills in specialized area of medicine

after finishing medical schools especially in Nigeria and in many African countries as at today, when compared to traveling abroad for treatment, i.e. “MEDICAL TOURISM”, these doctors provide relatively affordable, quality, accessible and specialized healthcare services.^{5,7} It therefore means that such training must not be made to die but must be supported and adequately funded.

Truthfully speaking, if we must avert future health challenges in developing countries, as the Ebola epidemic has shown us, an adequately funded residency training program is a must if proper funded, it will help reduce the burden, we currently are facing in the health sector by addressing the issues of adequate man-power, quality healthcare delivery as well as developing the support staff competence that are usually required to handle health emergencies or challenges.¹¹

The already established postgraduate medical colleges should focus better on the specialize care and training, while established colleges in the western world or in developed regions can liaise to see that African countries are assisted to ensure that the medical curriculum are tailored to the peculiar challenges of the regions in question, with special emphasis particularly in rural areas and adequate incentives to encourage migration of specialists to the rural post, which usually do not have any access to healthcare services.¹¹

More importantly, a component of Postgraduate Medical Education/Training (residency training) should require overseas clinical attachment and hands-on-training on modern specialized skills and knowledge which should be learnt within a period of time. The knowledge and skill acquired can be reproduced back home in the host African countries.

Other Recommendations:

1. World Medical Association as a body must advise African governments through their respective partners and alliances to press for annual budgetary provisions for postgraduate medical training in their yearly budgetary system of which a considerable percentage which the constituent national medical association can decide with their respective government back home must be provided for on yearly basis.⁹

The budgetary allocations should cover the following:

- A. The local residency training (knowledge and skills) i.e.

training within the host country

B. That considerable percentage should be set aside for overseas clinical attachment or what I call the **“MODIFIED CLINICAL ATTACHMENT”** where qualified personnel from well established enters recommended by WMA or her partners come to stay in any of the developing host country for a period of time till knowledge and skills have being learnt by benefiting nation, this I believe may prevent the brain drain currently hitting my country and most African nations presently.

C. That considerable percentage should also be set aside equally for training of other cadres of medical personnel and support staff within the health sector.

2. I further recommend that WMA as a know brand can attract grants and scholarships to these African countries through their partners and alliances and inject the said funds directly to the individual health personnel (resident doctor) and/or the established colleges and respective training institutions.

3. WMA should encourage developing African countries to keep a data base of specialize professional in and outside the host nation that are currently not engage clinically and redistribute them with to rural or urban communities to help the populace benefits from specialized care they can deliver' however adequate incentives must be given by host countries with support from WMA or her partners if possible.

4. It is not enough to have specialists, WMA should also encourage and partner with host African countries to develop more specialists' center either on regional bases or support host country to have modern specialist centers with modern facilities.

5. A possible oversight duties and regulation checks by WMA to help prevent the possibility of abuse in the process of disbursing of funds when eventually approved.

These few ideas which I believe will contribute in no little way to the advancement of a quality healthcare system in developing nations in Africa and position WMA as the last hope of National Medical Associations in ensuring that the postgraduate medical education still remains an integral component to sustaining healthcare system. It is

expected that the information documented here can be added to the existing body of knowledge and probably help bring to the attention of WMA the predicament of resident doctors in developing nation currently and the need to urgently intervene to prevent the complete collapse of postgraduate medical training in developing African nations.

African government should encourage good health policies by creating framework for policies to survive and funding health systems, a well funded health system and a well motivated young specialist will produce an excellent structured healthcare system.^{12,13,14}

CONCLUSION:

The Ebola epidemic has taught the world that, diseases do not have boundaries and we all must ensure that any area around the world that generate negative health indices, should be regions where funding of the health sector should be channeled to while and encouraging and assisting the host countries.

I believe now is the time WMA must look critically into the content of postgraduate medical training or education all over the world in order to preserve this medical profession handed over to us thousands of years ago.

The paper was written to bring attention to the gradual prevent the death of postgraduate medical education and training (residency training) due to poor government funding and non investment in the health sector.

ACKNOWLEDGMENTS

Special thanks to the Chair, Junior Doctor Network (JDN-WMA) Dr. Ahmet Murt, all JDN members and Resident Doctors in Nigeria, who because of them this essay was written, while Dr. (Mrs) Ezioma Gbujie, did the reviewing of the final draft alongside Dr. Ugo Akapti and Dr Ajayi Olalekan who also provided valuable input and contributions.

REFERENCE

1. Brieger, Gert H “History of Medicine in Paul T. Durbin ed. A Guide to the culture of science, technology and medicine (1980) pg 121-94.
2. Barbara S. Bowers, ed.: The Medieval Hospital and medical Practice. (2007) pg 89
3. www.un.org accessed 2015-4-5
4. Health situation Analysis in the African Region, Atlas

- of Health Statistics. 2011, World Health Organization
5. Johnston R, Crook VA Snyder J. et al, What is known about the effects of medical tourism in destination and departure countries? A scoping review. *Int. d equity health* 2010;9 (1) 24
 6. Elebeke E Nigerian spends \$1 billion annually on medical tourism Vanguard newspaper 2014, <http://www.vanguardngr.com/2014/05/nigerian-spends-1bn-annually-medical-tourism>.
 7. Chinai R, Goswani R.: Medical Visa mark growth of Indian Medical tourism. *Bull world health organization* 2007, 85 (3):164-5.
 8. Problems of postgraduate medical training in Nigeria. Ike SO. *Niger J. Med* 2004 Oct-Dec, 13(4): 412-8
 9. Abuja declaration 2001: Ten years on, World health organization Geneva, Switzerland, 2010.
 10. "Growing Pain", *The economist*, September 24, 2011
 11. Peters DH, Garg A, Bloom G et al poverty and access to healthcare in developing countries. *Ann NY Acad Sci.* 2008 ;1136 : 161-171
 12. African Medical and Research Foundation (AMREF) Health Africa International Conference in Nairobi Kenya 24-26/11/2014
 13. The Future of the Healthcare in Africa, *British Medical Journal*, Vol. 331 No7507, June 30th 2005.
 14. Achieving sustainable Health Development in the Africa Region: strategic Directions for 2010-15, World Health Organization Regional Office for Africa; Brazzaville, Republic of Congo.