Proposal for Postgraduate Education in Medicine in Nepal

Prof. B. R. Prasai

Let us examine the first sentence of the National Directive 2033 on Health Sector, which states categorically—"National Health Plan shall be implemented effectively". The priorities set for Nepal by the National H. P. clearly visualises expansion of health care system to wider areas with emphasis on preventive, promotive aspect with special cases to maternal and child health. It also visualises improvement of hospital services by upgrading the existing hospitals and developing minimum emergency care that should be available to all. Thus the broad goal set for the health sector has been made very clear. The question arises on the implementation aspect of the statement "implemented effectively". The question that arises is what aspect of it shall be implemented? When shall it be implemented? And how shall it be implemented? Each of this has special implication.

Broadly speaking the improvement of health status in Nepal can be brought upon by three pronged activities—(1) Expansion of H. Post & Hospitals with clearly defined minimum care to the population in the grass root level (b) Improvement of existing health posts, hospital facilities and consolidation of services which will provide ongoing service (c) Addition of new facilities in selected District, Zonal, Regional or National Level Hospitals.

If we define our activities on the basis of these three dimensional spheres of health care system, then we probably shall begin to get answers to previously posed questions. Three major components of implementation aspect of Health Plan are (1) Manpower (2) Material and (3) Supportive Organisation. These three components then should be looked thoroughly whether each component is functioning well so as to implement the plan 'Effectively'. In this brief paper prepared for discussion only one aspect of it, namely manpower issue, has been highlighted.
Present Health Care System accommodates four categories of health manpower: grass root level, middle level, general service level and specialist level.

As far as the first two levels are concerned, we can safely say that at this stage, Nepal has achieved self-sufficiency in the production of this type of manpower and a capability has been achieved to gear our educational facilities to meet the additional requirement even if the requirement for each manpower is increased substantially.

For the third level of manpower in terms of Nursing Personnel and Medical Officers a process has already been started to meet the Nepal’s needs.

The fourth category of health personnels i.e. specialist grade has become the crux of the problem and we are not yet capable for answering some of the questions of what? When? and How? A specialist is defined as one who is trained to perform certain skill activities on the medical field be it surgery, obstetrics, internal medicine, pathology, anaesthesiology, or any other special area including general practice.

What is the minimum level of service that plan aims to meet at the end of the plan at each centre of medical care Health Posts, District, Zonal, Regional or Central Hospitals?

More numbers of doctors means nothing in terms of health care. What the doctors at station is expected to do and is capable of doing, is the matter of prime concern to planners and people who receive the service. Health care is a team effort. There is a need to team up certain type of people and provide material and organisational support to provide health care effectively. Effective health care means to me, a service which will save life, cure a curable disease, reduce load to hospitals by providing promotive care within and outside the hospital.

The special care in surgery and obstetric fields need much more elaborate set up than in any other fields in emergency situation. Most of the other type of special emergencies can be dealt with single hand with the help of nursing or special care cadres i.e. trained Health Assistants, Nurses etc.

The training programme of specialist until now has been sporadic and erratic and depended on foreign resources. Scholarships have been sought and awarded not on the basis of what we need but on the basis of reward to individuals. This peculiar situation
has led to a relative surplus of certain type of cadres in glamorous areas i.e. surgery and medicine and a great degree of shortfalls in essential supporting areas, like anaesthesia, radiology, pathology, ENT, Eye and many other special areas, creating imbalances in the process of providing effective health care as a whole.

This has created a group of frustrated surgeons who could not function effectively in outlying hospitals, even at the central level specialized hospitals like Maternity hospital at Thapathali and Kanti Children's Hospital at Mahabise, surgeon's skill is wasted in absence of anaesthesiast. It is inconceivable to expect any miracle from the doctor without providing a team to function with. The quality care can be provided if we can develop a scheme whereby skilled persons are teamed up to provide health care in the different centres. It is desirable to spell out what type of services are expected at each centres. Time has come now for us to think coolly and answer the second question, how are we going to provide effective health care? Each of the three components—manpower, material and supportive organisation has it own importance. But by and large the manpower issue dominates the other two issues without which we cannot proceed to the second step.

A possible answer to the question of how we are going to meet the special requirement of Nepal in terms of specialist manpower has been elaborated in the following paragraphs. The only way to meet the challenge is to be come selfreliant on manpower production at all levels within the country.

Postgraduate Training Programme

Hitherto all postgraduate training has been either on individual's initiative or state sponsored scholarships abroad. This scheme has failed to provide Nepal's requirement of skilled doctors in the special area where need has been acutely felt. Fellowship awarded by other countries are dwindling gradually. Long duration of training abroad coupled with tendency of doctors to seek green pasture elsewhere has crippled our effort to recruit specialists here in Nepal. Therefore, we have to start our own programmes in Nepal so that the production and supply of essential manpower is established. On the basis of priority we should adopt the following schemes. This scheme of training of specialist manpower will bring about resolution of present problems. The list is by no means a final one. This has been quoted as an example.
A. Generalist Training

Scheme for training general specialist has already been started with the joint sponsorship of T. U. & Calgary University. The doctors trained under this scheme will have special skill to administer anaesthesia, perform emergency surgery, provide obstetric service and provide medical care whenever necessary. The present scheme is to train 20 such doctors who will provide quality care in district hospitals. If we succeed to post two such doctors in 25 bedded hospitals, the quality of care provided will improve since they would have potential skill of performing all life saving measures. The first batch will graduate in 1985. The programme should be made on going one in future to meet the special requirement.

Training of anaesthesiologist

Since there is in acute shortage of this category of specialist we could start a post graduate Diploma Programme in anaesthesiology here in Nepal itself, without waiting for external resources. The training abroad has become a dream now since it hinges on undependable foreign resources. Since our immediate requirement is very large, we could institute diploma programme immediately which will provide the required number of anaesthesiologist in a short duration. With the experience of running such courses we could start Master's programme in 4-5 years time. The tentative scheme should be as follows-

Entry Prerequisite - One year work experience in the department of Anaesthesiology.

Duration of course - One academic year.

Location - T. U. T. H., Bir Hospital, Kanti Hospital.

Faculty - Senior anaesthesiologist at Bir Hospital, Kanti Hospital and Senior teaching staff at T.U.T.H.

Type of Course - Practical partially structured programme in special areas.

Number of trained per year 2-4

Examination: Theory and oral at the end of the term.

Qualification awarded - Diploma Anaesthesiology (D.A.) of T. U.

Advantage: The Diploma will permit the candidate to upgrade their career, and at the same time the present shortage of this category of manpower will be bridged in short period.
C. Training of Obstetricians

To meet the goal of MCH programmes and provide better service to mothers and child, the programme will train obstetrician and gynaecologist in the line of general diploma awarded in anaesthesiology. The general pattern of all postgraduate diploma programmes will follow the same pattern except in the generalist programme. Since the diploma programmes in generalist areas aim at producing multiskilled doctor able to tackle major emergencies, duration of training of this category needs to be prolonged. Short course diploma (postgraduate) on the other hand aims to prepare specially skilled doctor in particular field hence the duration of training need to be prolonged one.

Entry prerequisite – One year work experience in major hospital of Nepal in the obstetric department.

Duration – One academic year
Location – T.U.T.H., Bir Hospital, Prasatigriha.
Faculty – Senior Doctors in HMG Service and senior teaching staff of T.U.T.H.
Type of Course – Partially structured and practical exposure.
Other particulars – Same as in anaesthesiology diploma course.

D. Similar diploma in Eye, ENT, Paediatrics, Radiology, and Pathology can be instituted as and when felt necessary.

E. Master's Degrees in Surgery & Internal Medicine should start in the country as soon as the ground for training is established.

F. Master's Degrees in the areas where diploma programmes have been instituted could be started late, when faculties are fully prepared to undertake such programmes.

Advantage

The Diploma Programme has certain advantages. These are–

1. Public Service Commission has recognised Diploma of this nature for entry into specialist area in Health Service.
2. Promotion on the basis of postgraduate diploma qualification of this type ensured general acceptance.
3. Candidates will have fair chance to promote their career.
4. National aspiration to train all our manpower within the country will be achieved.
5. Training of diploma programmes will prepare our faculties to undertake master's degree programme in near future, in all areas including Surgery & Medicine.