POSTGRADUATE MEDICAL EDUCATION OVERSEAS

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The object of this short communication is to attempt to outline some of the problems of postgraduate medical education in developing countries.

Education at the undergraduate level raises problems of equal importance but these are also complementary and, indeed, cannot be divorced always from education at the postgraduate level.

The problems facing medicine are only part of the main task which faces any developing nation attempting to improve the welfare of its people up to the standards recognized by more sophisticated societies. This development is apt to be fast—sometimes too fast—and this stems from a justifiable national pride and also because they now share the benefits of modern technology. This rapidity of change, often made in an attempt to copy more materially developed societies, may be fraught with danger. Thus the emphasis on the individual clinical care of the patient in England, or the intense laboratory investigational aspect of American medicine, may not be to the best interests of a developing country in Africa. Rather, medical effort may well be more effectively used in fields of preventive medicine and public health.

It is without question that almost all of the developing countries are numerically short of doctors.

In Europe the number of doctors to the number of inhabitants is of the order of one to a thousand, whereas, in the whole of Africa, the distribution is one to ten thousand; in some areas it may be one to twenty thousand or even more.

How then are we, who are better placed, to help the developing countries?

Superficially the solution would be to send them more doctors but this is not the answer.

The solution is surely to develop the medical services within their own environment by helping in postgraduate (and undergraduate) education.

This approach has two facts to recommend it. The first is that we cannot numerically deplete our own services to any great extent, for our own particular brand of society depends upon it; the second is that, by training the leaders in medicine overseas, we will be forging an instrument of education which will itself produce locally the number of doctors sufficient for their needs.

If this approach is accepted then the means to achieve an efficient form of education for overseas postgraduates needs the most careful thought.

One of the points to be debated is whether we are to teach them techniques or whether we are to go beyond craftsmanship and inculcate the principles of our scientific and professional philosophy—in other words, to educate rather than merely train.

Dr. Hutton (in a previous issue of this journal) has stressed the importance of education. He calls it an 'attitude of mind' or an 'education for a professional status', which will enable the overseas postgraduate to develop medicine in his country along scientific and humanistic lines; this is necessary in order to resist the counterpressures of ignorance, tradition and political expediency he is likely to encounter, locally.

In order to support these principles, increased facilities for postgraduate students should be given to overseas graduates in this country. Such facilities for visitors come under two headings.

The first is academic training in basic scientific methods and research. British universities and institutions have always made provision for this type of postgraduate, and will continue to do so. Such overseas graduates (the elite?) are limited in number but not so the second group, who visit this country for vocational training, often with the object of obtaining diplomas.

The present situation in Great Britain is most unsatisfactory in the field of postgraduate medical education, not only for overseas graduates but
also for our own nationals. Other than in the field of research, there appears to be little positive effort to train postgraduates from the day of qualification, and the junior grades of the National Health Service are relatively unsupervised, let alone trained, in some of the non-teaching hospitals. It is sufficient to say here, however, that our deficiencies have been recognized, recently by Sir George Pickering (in this journal), and by others including the Nuffield Conference at Oxford, which has outlined the problem; it is hoped that advantage will be taken of the generous grant given by the Nuffield Trust to improve our organization in this field.

And what of postgraduate education in overseas countries?

In many of the developing countries there are already established university centres and non-teaching hospitals of high standard. Many are staffed by expatriates from Britain and other countries and, in the coming era of rapid development, many more expatriates will be needed for the expansion of these institutions and the setting up of new ones.

It is important that these centres, few as they may be in number, should be supported by our profession for, to quote Professor Aird, ‘Strong points of excellence have to be created even if the overall average is a little lower than a uniform spread would allow’.

Many of these centres overseas are based on the traditional methods of education of so-called Western medicine. It is here that we should be more liberal in our approach and, although we should not allow of any deviation from our idea of a professional code, we may allow of different methods of training and application.

In other words, postgraduate education in overseas countries must not necessarily mean that the end product is recognized by the possession of a British diploma but rather that the training is adapted and adequate for the local conditions.

Already different forms of medical curricula and training, other than British, are being implemented and considered in Commonwealth countries, and we must resolve to help them rather than consider them unworthy of our aid because they do not conform to our traditional methods.

To reiterate, our primary aim should be to inculcate an attitude of mind rather than the standard of technical efficiency expected in our own country. The second will follow the first if given time; I doubt if the reverse would be true, or at least, not for a very long time.

Professors Spooner and Maegraith have suggested recently that emphasis should be given to postgraduate education in fields other than the more popular specialties of this country. To that end they ask for an increasing number of experts to train future teachers overseas in the principles and disciplines of epidemiology, public health, nutrition and, not least, the basic medical sciences.

It is perhaps in these fields of preventive rather than curative medicine that we can make our most effective and long-term contribution to the development of overseas countries and at the same time be true to the high ideals of our profession.

If the foregoing is accepted concerning the general principles governing our approach to postgraduate education in the overseas countries, how then are they to be implemented?

It is realized that there is a shortage of doctors in the U.K., but it should be appreciated that the recruitment of only a few teachers for overseas service has an impact much greater than a statistical assessment of the numbers recruited; the recruited teacher can be likened to the dropping of a stone in a pool, and the effects to the ripples which radiate outward in ever-increasing circles.

It is also realized that, with the traditional hierarchy in both university and N.H.S. medicine, it is dangerous for even mature and experienced doctors to leave their place in the queue for promotion. At the moment this is fact, but already there is a change of opinion and from the government downwards there appears to be an increasing awareness of the importance and value of aid to the developing countries, not only by money and goods but by the ‘loan’ of expert personnel. An example of this is the Ministry of Education’s secondment scheme for the supply of 400 teachers for overseas.

In the field of medicine, recruitment can be organized in many ways such as by secondment, proleptic appointments and by the adoption in loco parentis of medical schools and medical centres overseas by similar institutions in this country. Much has been achieved, but much more could be done if the will to do it was part of our thinking on a national basis, and this was backed by some financial aid.

And the benefits are not just one way. British medicine will be the richer for the return of our expatriates—perhaps more so if postgraduate education in general practice included, sometimes some one or two years’ experience overseas.

Further, the individual expatriate would obtain experience such as he would never have obtained at home—not only with regard to the number and diversity of cases, but he may become aware of a different approach to disease which may throw new light on many medical problems.

As Sir Douglas Robb has suggested, perhaps the answer to atherosclerosis and cancer may be found by the clinician working in Africa rather than by the laboratory scientist in London!