



**Health Volunteers Overseas**  
*Improving Global Health Through Education*

**“Issues in Medical Education and Continuing Education”**

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The education spectrum addressed by HVO programs ranges from the fundamental medical, nursing, physical therapy and dental school level through specialty and subspecialty training. In addition, some countries train alternative providers to supplement the medical workforce. These are medical assistants trained to be medical or surgical ‘technicians’ and usually provide care in underserved rural areas.

Medical schools in most developing countries are six years in length and begin after secondary school without an intervening college or university education. The course work is similar to basic curriculum of schools in the US but the clinical departments are usually limited to Medicine, Surgery, OB/GYN, Pediatrics, and Psychiatry. There is often limited specialty training such as orthopaedics, ear nose and throat, or medicine subspecialties. Following graduation, a year or more of postgraduate training [internship] is required. The final output is a General Medical Officer [GMO]. Before pursuing specialty training, GMOs are most commonly assigned to a district or rural hospital for a minimum of several years. They become the fundamental medical practitioners for a large segment of the population. Continuing education and training of these people is a high priority but is difficult because of a lack of resources and their location away from medical centers.

In most Asian countries there are enough medical school graduates to fill the positions available but many African countries have a serious manpower shortage and so have established training programs for lower level providers. These people receive one to three years of training in basic medical and/or emergency surgical care. They are likewise usually assigned to a rural or district hospital and may work under the supervision of a GMO but often work alone and provide the only care available to this population.

Specialty training may occur within a given country, in a nearby regional center, or in a developed country such as the United States, the UK or Australia. HVO's emphasis is on training people in their own country in the environment in which they will practice. This allows them to gain expertise in dealing with local medical and surgical problems using the facilities and equipment available. Providing educational support for such resident training programs is a high priority for HVO. There is a significant loss of medical personnel to more developed countries paying higher wages. Local training may help to slow this loss and keep people where they are needed most.

Continuing medical education is an important function in developing countries as elsewhere. Regional medical and specialty society meetings provide information exchange and promote innovation across borders. Attendance is encouraged and supported by HVO. An increasing number of countries have requested sub-specialty training for teaching faculty and practitioners. These include a range of activities from curriculum development to special procedures such as arthroscopy or spine surgery. Providing this training at the local country level in an ongoing fashion seems most beneficial and is now an important aspect of HVO programs.

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