

## OVERSEAS POSTGRADUATE TRAINING - THE CHALLENGE TO THE COLLEGE

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A year ago, when I took over from William Cutting as the College's Overseas Postgraduate Director, in spite of travelling and working abroad over many years I had limited knowledge of the current problems facing our colleagues in Asia, where the College has many Fellows. Like our sister Colleges in London and Glasgow, the Royal College of Physicians of Edinburgh is re-examining and reviewing its relations with colleagues in these countries, particularly since in several of them their own postgraduate qualifications, based on local needs, have largely replaced the MRCP (UK) as a requisite to appointments to a consultancy. The College's mission statement is 'Promoting the highest standards in internal medicine around the world', and in the spirit of this it is essential that we support the work of our colleagues in Asia and assist in promoting postgraduate and continuing medical education.

I set out to meet our Fellows in Bangladesh, India, Nepal, Pakistan and Sri Lanka, and to learn from them, first-hand, what their needs were, with a view to further developing the College's rôle in these countries. It soon became evident that there was no simple or single solution. Their facilities and needs vary considerably: the problems of Nepal are different from those of Sri Lanka, which differ from the needs of the rapidly developing secondary care sector in India. However, each country continues to look to the UK for mutual collaboration in developing their facilities: they still admire and appreciate the British approach to medicine. Our colleagues abroad would prefer to work with us but, if we do not come up with answers and assistance, they will turn to America, Australasia and Japan for their specialist training and education. Once British influence is lost, it will be difficult, if not impossible, to regain.

Traditionally, the College's activities have been centred around the MRCP (UK) examination and Visiting Faculties. While in Nepal the Membership remains an important postgraduate qualification, in Pakistan, Bangladesh and Sri Lanka their own individual Colleges of Physicians and Surgeons have established postgraduate programmes designed to provide specialist training to meet their medical needs for rapidly expanding district and regional medical centres. Some years ago, the Indian government de-recognised the examinations of all the Royal Colleges, although there are now signs that at least in the private sector some are keen to see this decision reversed.

### NEPAL

Nepal has special needs. Being one of the world's poorer

countries, the government's priority is to provide basic health care to the rural areas, feeding medical centres and district hospitals, and concentrating tertiary care in cities like Kathmandu. Nepal has no College of Physicians but many of its physicians are Members and Fellows of the British Royal Colleges; however, it has a good postgraduate training centre in the Bir Hospital, Kathmandu. MRCP (UK) Part I can be sat in Nepal and there are now 14 candidates preparing to sit the second part. Dr Bhattarai, working with Professor Pandey, Overseas Regional Adviser, and his colleagues, has set up an excellent MRCP (UK) clinical training programme; they would welcome visiting trainers from the UK. The trainees have limited resources and little government help, but would value an opportunity to come to the UK for a short period of orientation and preparation for the final clinical examination. Dr Gautam (Aberdeen) has provided supernumerary clinical attachments and the British Nepalese Doctors' Association is also prepared to help. We desperately need the help of other Fellows in the UK who are willing to provide clinical attachments, with the College facilitating limited registration with the General Medical Council.

These young doctors are well-trained, their English is excellent and they are well motivated and enthusiastic. They will form the next generation of medical consultants in Nepal, and the College has an opportunity to help them now, and to continue to work with them in the future.



Kathmandu - March 1998. Author meeting doctors with MRCP(UK) Part 1.

### BANGLADESH

Bangladesh, another less well-off country, would like to work with the Royal Colleges towards a joint postgraduate qualification of MRCP FCPS Bangladesh with mutual exchange of examiners, similar to the situation that prevails in Hong Kong, Malaysia and Singapore. This would ensure the quality of their own postgraduate examination. They are also keen to develop Membership courses in Bangladesh to prepare their candidates for the examination.

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## SRI LANKA

Bangladesh, Pakistan and Sri Lanka are increasingly looking to the UK to help with postgraduate specialist training for their trainees who already have their local qualifications. Charles Forbes and I recently visited Kandy, and took part in a two day postgraduate training programme. We were impressed by the high standard of training and by the quality of the doctors who had obtained their MD qualification locally, though less so by the poor library facilities. Dr Peiris (Postgraduate Director for Sri Lanka and our Overseas Regional Adviser) and his colleagues are to be congratulated on their achievements.

The Sri Lankan policy is to encourage their post-MD trainees to spend a further two years' training in a specialty at home before going abroad for 18 months to two years to complete their training with the aid of government scholarships. Many who come to the UK for this purpose also pass the Membership.



The author being presented with a garland in Sri Lanka.

## PAKISTAN

Pakistan is keen for selected post-FCPS trainees to come to the United Kingdom for specialist training and their College has established four scholarships to facilitate this. Bangladesh would like to develop a similar programme but needs to be more focused in its requirements.

If such trainees are to come to the UK, rather than the USA or Australasia, we must be able to place them in suitable specialist centres as Visiting Registrars, or in short-term training posts or in supernumerary attachments. We need the help of local Postgraduate Deans and interested Fellows to achieve this.

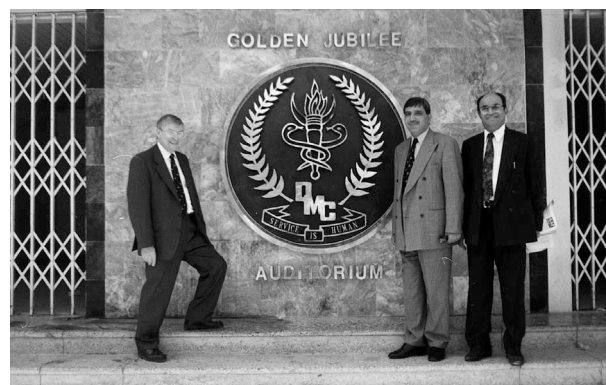
## INDIA

The situation in India is somewhat different. The Indian government is focusing its resources on providing basic medical care to the rural and primary care sectors. With a rapidly growing middle class of over 100 million, the opportunity for private medical care is enormous. With full government blessing, the private sector is rapidly expanding with the aim of providing secondary care of the highest possible standard; they are already competitively tendering against neighbouring countries for private treatment. A quota system, however, ensures that the poor are not excluded from these services. Some of the private companies involved in providing this care are working with the Royal Colleges of Surgeons to provide training modules



The College of Physicians and Surgeons in Karachi. From left to right: Secretary, President, author, Vice-President and International Director

which are incorporated into their hospital programmes; these are overseen by local Fellows of the Colleges. This will lead to both parts of the FRCS being sat in India with exchange of examiners. Fourteen surgeons have passed the full examination this year and are entering the Colleges' special training programmes. These companies are keen to enter into similar arrangements with the other Royal Colleges, including those of the Physicians. These changes are generating a re-think of the question of de-recognition of the Colleges' qualifications by the Indian government. India is undergoing rapid development, in which the Edinburgh College should decide whether it wishes to take part.



Outside the Dow Medical College, Karachi.

## THE FUTURE

Throughout the region there is a thirst for continuing medical education and a wish to work with the UK to provide this. The popularity of the 1997 Visiting Faculty to Bombay (or Mumbai) and Calcutta is evidence of this.

How can we maintain and develop our involvement in this area? Visiting Faculties have been the traditional way. Indeed, such a Faculty took part, with other British, American and Australasian colleagues, in the annual scientific session of the Ceylon College of Physicians in 1998. Those of us who were there were impressed by the high standard of papers presented and by the level of

discussion. India, Pakistan, Bangladesh and Nepal have all indicated a wish for more such visits in the near future. While we have a nucleus of Fellows in government service in some countries, due to de-recognition, our Fellows in India are of an older age group and the College needs to consider how it can work with the Indian College of Physicians to develop postgraduate programmes.

Perhaps it is time to re-consider the rôle of our Overseas Regional Advisers. Should we not be encouraging them to form local chapters of Fellows, to identify their specific local needs for continuing medical education, encouraging them to be more proactive, feeding back to the College their requirements?

#### COMPUTER TECHNOLOGY

Many senior doctors in India, Pakistan and Sri Lanka have access to the internet, and these facilities are rapidly growing and increasingly available. This opens up a whole new world for medical education. While the College is overhauling its IT facilities, we should not lose sight of how these can be accessed by our Overseas Fellows. Evidence based medicine is as applicable in these countries as it is here, and wherever I have been, there has been great interest in the SIGN Guidelines and Website ([www.show.scot.nhs.uk/sign/home.htm](http://www.show.scot.nhs.uk/sign/home.htm)) which can be easily downloaded locally from the internet.

CD ROMs are another area where there is great interest. They can be used in postgraduate teaching sessions and in training programmes. Neil Douglas, the College Dean, is looking at ways of putting the College's seminars, consensus conferences, etc. on CD ROMs and on the internet. Indian computer technology, based in Bangalore, is of a very high standard and can produce CD ROMs at a tenth of the cost of UK production and there are postgraduate centres in southern India who would like to work with the College in producing and distributing this technology. The need is there, the expertise is there, the stumbling block is one of finance.

Conference-linking is another area where there is growing interest. Facilities already exist in Pakistan and India, and will soon be in place in Sri Lanka. The time zone differences make it possible to have simultaneous sessions in the UK and in each of these countries. These could involve presentations of local perspectives of common diseases. For example, why does ischaemic heart disease occur in young people in Asia? What is the UK perspective on prevention of coronary heart disease? Far more people can be reached with mutual interchange of views. However, resources are necessary to achieve this.

India, Pakistan and Sri Lanka have some first class laboratory-based research centres, some of which already have established links with UK workers. Others would like to be involved in collaborative work, e.g. studying AIDS in India, but lack contacts. Can the College help facilitate these links? The material for clinical research is enormous. Diseases, such as rheumatic heart disease and tuberculosis, which are now uncommon in the UK, are still common in this region. This raises the question of whether our own Specialist Registrars might not gain valuable experience by spending time in these countries.

The recent establishment of the Federation of the Royal Colleges of Physicians of the UK should mean that the Colleges are no longer competing with each other but working together, utilising each College's strengths to achieve our objectives, not only in the UK but worldwide.

The whole of this region of Asia is rapidly changing. The medical needs are enormous. There is a keenness to work with the UK Colleges to provide postgraduate training and education. We can choose to rise to the challenge or leave it to other countries. We can continue to be involved and develop our links or to turn in on ourselves.

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