Should doctor training be decentralized?

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This inverse care law

The availability of good medical care tends to vary inversely with the need for it in the population served.

(*Julian Tudor Hart – The Lancet Saturday 27 February 1971)*

Background

- Doctor training institutions are in urban areas
  - University of Nairobi
  - Moi University
  - Recently new ones - several

Background con’t

- No of students are increasing
- Teaching space not expanded at same pace
- Overcrowding
  - Effective teaching and learning - challenge

Background con't

- Distribution of doctors in Kenya has continued to be skewed in favor of towns and cities
- Doctor/patient ratio (2000)
  - Nairobi - 1:25,000
  - Rachuonyo District -1:150,000
  - Mandera District -1:308,878

Mwaniki and Dulo (2008) -Society for International Development's (SID) Report

Background con’t

- More people live in rural areas than urban
  - 78.7% vs 21.3%

World Bank Indicators – 2012

Aim

- Propose one way of
  - Decongesting clinical teaching space
  - Mitigating inequity in doctor distribution
  - At the same time improve health

Factors that influence attraction and retention in rural areas

- Human Resources for Health 2006, **4**:12

Urban centers - Pull

- More opportunities for career and educational advancement
- Better employment prospects for health professionals and family (spouse)
- Easier access to private practice (where public salaries are low)
- Lifestyle-related services and amenities
- Better access to education opportunities for their children

Individual factors

- Social background
- Ethnicity
- Age
- Gender
- Values, beliefs, etc
- Growing up in a rural community

British Columbia Medical Association: *Report of the BCMA Rural Issues Committee. Vancouver* 1998 [http://www.bcma.org/public/news_publications/publications/policy_papers/AttractingRetaining/

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Educational system determinants

- Education and training processes
- Role models
- Contents of training
- Location
- Structure
- Recruitment methods

JAMA 1992, **268(12):**1559-65.

Strategies for improving attraction to and retention in rural areas

- Recruitment and training for rural practice.
- The use of incentives and compulsory services.
- Improving working conditions.
- Improving living conditions

Some evidence

- The factors that influence the geographic distribution of physicians have been extensively studied
- The location of medical education-both undergraduate and graduate-is clearly the most important determinant of eventual practice site selection

Some studies

- Label and Hogg
  - residents trained in the community feel better connected with the community and are more interested in working in smaller communities
- Gessert and colleagues
  - family physicians who graduated between 1978 to 1981: 64% (80 of 126) were practicing in the same county in which they had completed their training.

- Dr Lebel and Dr Hogg, Canadian Family Physician 1993; 39: 1066 – 1069
- Gessert C, Blossom J, Sommers P, et al: Family physicians for underserved areas-The role of residency training. West J Med 1989 Feb; 150:226-230

Wilson and colleagues 2009

- Critical review of interventions to redress the inequitable distribution of healthcare professionals to rural and remote areas:
  - 1261 references were identified and screened
  - 110 articles were included in the study.
- Evidence for rural practice:
  - Geographical origin – strong
  - Rural exposure – moderate

Rural and Remote Health 9: 1060. (Online), 2009

Grobler and colleagues

- Review (Cochrane)
- Geographical origin:
  - students with a rural origin are more likely to practice in a rural setting
- Rural exposure:
  - actual (rural) clinical exposure (immersion) may be important

Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.:CD005314.

Side effects- training institution

- Increase in number of doctors/specialists
- Facilities improvement
- Improved health of catchment community

Conclusion

- Decentralizing of training is possible and has the potential to mitigate urban-rural doctor maldistribution.

Thanks you all.