

EDITORIAL**MEDICAL EDUCATION AND RESIDENCY TRAINING – THE NEED TO MOVE WITH THE TIMES**

Medical education has become an expensive venture for governments nowadays but can be a good business opportunity for private institutions who are able to flow with the times. Most private institutions will prefer to take graduate students for a 4-year medical programme and not the 6-year programme reserved mainly for SHS leavers. Most medical schools that go in for the 6-year programme have limited faculty to take care of the growing numbers of students, which eventually has a negative influence on the graduates produced. Advocacy for a 4-year medical education in Ghana, after the candidate has a BSc degree in the sciences and has written a dissertation/thesis of some sort is the way to go. Such graduates would be mature, would have done research and published peer-review journal articles either alone or with some faculty members. Our 6-year programme students finish medical school having no idea as to how to do research let alone publish journal articles and this attitude is carried over to the residency level.

A 4-year medical programme will admit mostly students who would be fee-paying (with scholarships being made available to the poor in society) which will help employ more faculty and acquire more facilities for training graduate medical students to the highest level.

As a matter of fact, the New York University Grossman Medical School has gone a step further to reduce the number of years one spends in a medical school to become a doctor after a BSc to 3 years! As a carry-over from what happens in our medical schools, our residents are not grounded in research and find it difficult to write papers for publication reputable journals and also, write and defend their dissertations (an excellent introduction to the curricula of medical training colleges). It is exceedingly rare to find a fellow of the present college(s) having written and published four (4) or five (5) peer-review articles before attaining a fellowship qualification. The end result is that many of them get into academia and remain lecturers for many years and are unable to get promoted to the next level.

Having in mind the suggested 4-year medical programme above, where the students would start medical school after having obtained a first degree and having done research and published one or two articles as a prerequisite, such students after graduation should be made to do a one-year housemanship and then have a straight entry (without any primary examinations; chosen by an interview panel in the relevant specialty) to the residency programme. The residency programme should be a minimum of five (5) years: two years junior residency, to learn the rudiments of his/her chosen specialty and three years as a senior resident. The senior residents can be of two streams – one stream for fellows who want to stay out of academia. The second stream will be made of people who would eventually want to go into academia. This group will be

required to write a dissertation and successfully defend it besides having written and published 2 - 3 articles during the training period. Also, such residents should be awarded both PhD and Fellowship degrees. This can be attained by the resident registering with the appropriate awarding university for a PhD programme in the chosen specialty; the PhD programme will be supervised by consultants of the relevant college/specialty and the defence of the dissertation would be done in the presence of both a nominated university member (from academic board) and two invited specialty examiners from the relevant college (one of whom should be an external examiner). The resident then takes the fellowship examinations and be made a fellow of the college.

The argument may be that the PhD programme is 4 years in most universities in Ghana. The suggestion here is that, whilst engaged in the junior residency programme, the resident should choose an appropriate agreed topic in the second year of junior residency and start working on the proposal towards finishing the dissertation by the end of the third year of senior residency (in all 4 years). This should satisfy the requirements of such universities. By the way, it is proposed that there should be no examinations by the end of the junior residency period for promotion to the senior residency programme – this should be decided by a panel of assessors in the chosen specialty.

In conclusion, it is possible to change the narrative, the way we always did and still do things, and graduate our medical students earlier and, as a consequence, see to it that the residents finish the programme early too. Using both streams of residency training the hospitals will have personnel to work for them in the form of those who opted out of writing a dissertation and the universities will have academics (who can rise to become vice chancellors), who will competently teach both medical students and residents and also provide service to the hospitals to enhance its status.

References

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