TRAINING RURAL DOCTORS: THE SEYCHELLES EXPERIENCE AND CURRICULUM

The Republic of Seychelles, located in the Indian Ocean, comprises 115 islands spread over 400,000 km², with a total land area of only 444 km². 99.6% of the total estimated population of 76,417 live on the three main islands of Mahé, Praslin and La Digue.

District Care Profile
Free health care is accessible to 99.9% of the population. Primary health care (PHC) begins at the level of the family and the community. There are 14 community (district) health centres and each island has its own low technology district hospital, offering primary and some level of secondary care. The health centres and district hospitals are evenly distributed and linked by a good road network.

Private medical practice is limited to Seychellois doctors. Currently, there are five doctors in private practice running individual clinics.

The Seychelles National Health Policy and Strategy emphasises promotion of healthy living, prevention of illness and provision of curative services at primary level. As there is no medical school or teaching hospital in Seychelles, students are sent overseas to train.

Tackling the problem in Seychelles
More primary health care centres or regional hospitals are being contemplated as a means of rendering more effective health care to the populace and so de-congesting Victoria Hospital, Mahé.

The adopted training programme would contain an organised and approved curriculum which, while meeting the appropriate criteria, would also receive adequate international recognition.

The question to address here was: where can such training take place in the absence of a teaching hospital or medical school in Seychelles? Some countries faced with similar problems have developed a training programme outside medical schools and teaching hospitals, but in similar hospitals to Victoria Hospital, Mahé. These programmes have received international acclaim and recognition.

Programme objectives
The overall objective is to provide advanced vocational training for the doctor who wishes to follow a career as a generalist, whether in health centres or district hospitals. Selection of trainees is based on the Ministry of Health's policy on specialisation.

Structure
The course is designed over two-and-a-half years in approved training posts and covers a wide range of practical experience, including community health, internal medicine, surgery, obstetrics and gynaecology, paediatrics and administration/management. This training is preceded by course work in basic medical sciences and in these clinical specialties.

On completion of the training period the trainee presents himself/herself for an examination comprising:
- A multiple choice paper covering the broad range of clinical knowledge in the generalist/PHC concept;
- A modified essay paper in which the candidate is given problem-solving case histories; and
- An oral examination based on the trainee's case book/case reports and practical appraisals.

The candidate is given the opportunity to demonstrate that he/she is the kind of doctor defined in the objectives of the programme.

Content
The science input enables the trainee to revise basic sciences, particularly those relevant to common conditions, including relevant areas in anatomy, physiology, pathology (and parasitology/microbiology), pharmacology, genetics, statistic methods, human behaviour and development.

During training, there is an emphasis on obtaining a thorough understanding of the role of the district doctor in primary and secondary (non-specialist hospital) care. This includes managerial demands, achieving practical competence in diagnosis and management of a wide range of conditions and the appropriate points for referral for specialist care.

Faculty
A group of highly experienced and senior doctors, administrators and teachers will be constituted into a faculty to monitor the quality of the programme and will comprise:
- A steering committee/board to set up the course, made up of senior doctors, teachers and administrators in public and private sectors;
- A programme director/co-ordinator;
- A professional regulatory body;
- Government ministries responsible for health, manpower development and education; and
- Tutors, who will include local and visiting consultants.

Support
The existing library/documentation centre will be used initially and the WHO core library for district care is to be made available to trainees. Audio-visual and other aids, including access to the Internet, will be available for the programme. A secretariat will also be set up, as well as a programme vehicle to supervise trainees at their respective training posts.

Conclusion
The above programme was drawn up keeping in mind the absence of overseas sponsorship. It is a measure aimed at developing and accelerating local manpower for DHC to meet the strategies and goals set by the Ministry of Health.

Udonwa NE, Principal Medical Officer (Consultant)
Primary Health Care, Directorate of Primary Health Care Programmes and Management, Ministry of Health, Mahé, Seychelles

Shamlaye C, Senior Epidemiologist and Special Adviser to the Minister, Ministry of Health, Mahé, Seychelles

Shomloye C, Senior Epidemiologist and Special Adviser to the Minister, Ministry of Health, Mahé, Seychelles

THE SEYCHELLES EXPERIENCE
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